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

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STAND

1925-26-27

Winthrop
(City or town)

Registered No.

1 PLACE OF DEATH
County Suffol
City or Town Winthrop

— St., Ward
s NAME instead of street and number)

2 FULL NAME Louise C

ed States, give rank, organization, etc.)

(a) Residence. No. 15 Cres
(Usual place of abode)
Length of residence in city or town where death occurred years

non-resident give city or town and state)
years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widow

5a ~~If married, widowed or divorced~~
~~HUSBAND of~~
(or) ~~WIFE of~~ T Henry C. Cook

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	5	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

9 NAME OF FATHER Daniel H. Parker

10 BIRTHPLACE OF FATHER (City) Newton
(State or country) Mass

11 MAIDEN NAME OF MOTHER Jane H. Gay

12 BIRTHPLACE OF MOTHER (City) Roxbury
(State or country) Mass

13
Informant Frank H. Cook
(Address) 15 Crest ave Winthrop

14
Filed Jan 14 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 3 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Dec. 16, 1924, to Jan 2, 1925,
that I last saw h er alive on Jan 2, 1925,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Edema of Lung.
(duration) yrs. mos. 4 ds

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Granger, M. D.
(Address) 7 Irwin Street
Date Jan 5 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop-Town Winthrop
(Cemetery) (City or town)

DATE OF BURIAL
Town
Jan 5/25

19 UNDERTAKER
C. R. Brennan

ADDRESS
Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M. D.

Official position Health Officer

Date of issue of permit 1/5/25

Permit NO. 850

4-23-100,000

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STAND[illegible] DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 15 Crest ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Adelaide Cook
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 Crest ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 2 months 3 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widow

5a ~~If married, widowed or divorced~~ ~~HUSBAND of~~ (or) ~~WIFE of~~ of T Henry C. Cook

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	5	23	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

9 NAME OF FATHER Daniel H. Parker

10 BIRTHPLACE OF FATHER (City) Newton
(State or country) Mass

11 MAIDEN NAME OF MOTHER Jane H. Gay

12 BIRTHPLACE OF MOTHER (City) Roxbury
(State or country) Mass

13 Informant Frank H. Cook
(Address) 15 Crest ave Winthrop

14 Filed Jan. 14, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 5 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1924, to Jan 2, 1925, that I last saw h er alive on Jan 2, 1925, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(duration) 1 yrs. 3 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Edema of Lung.

(duration) ___ yrs. ___ mos. 4 ds

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Grainger, M. D.

(Address) 7 Irwin Street

Date Jan 5 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop-Town Winthrop
(Cemetery) (City or town)

DATE OF BURIAL
Town
Jan 5/25

19 UNDERTAKER
C. R. Brennan

ADDRESS
Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.

Official position Health Officer Date of issue of permit 1/5/25 Permit NO. 800

4-23-100,000

Jan. 3. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

02

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

The Commonwealth of Massachusetts

8 208

BOSTON
(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. _____ (Place of death)

Registered No. _____ (Place of residence)

County Suffolk State Massachusetts

City or town Boston Mass. Eye & Ear Infirmary No. _____ St., _____ Ward

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

2 FULL NAME Robert Somerville

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

(a) Residence. State Mass City or Town Winthrop No. 22 Prescott St.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3		4	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Rae Somerville

10 BIRTHPLACE OF FATHER (city or town) Winthrop
(State or country)

11 MAIDEN NAME OF MOTHER Martha Forest

12 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Mass

13 Informant Rae Somerville
(Address) 22 Prescott St Winthrop

14 Filed Jan 10, 1925 E. W. M. Glenen
Registrar of city or town where death occurred

Filed _____, 1925 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 6 (Month) (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 4, 19__, to Jan 6, 1925,

that I last saw h__ alive on Jan 6, 1925,

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

The CAUSE OF DEATH was as follows:

Fibrinous Faclieitis and Bronchitis

Broncho Pneumonia

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) Edema of larynx

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

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of Jan 6/25

Was there an autopsy? yes

What test confirmed diagnosis? _____

(Signed) J E Quincy, M. D.

(Address) Mass. Eye & Ear Infirmary

Date _____, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop, Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Jan 8, 1925

19 UNDERTAKER Frank E Brown

ADDRESS E. Boston

50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

00,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary C. Muldoon
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 3 Pleasant St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) Name of employer

8 BIRTHPLACE (City) Waltham
(State or country Mass

PARENTS

9 NAME OF FATHER Charles D Fisher

10 BIRTHPLACE OF FATHER (City)
(State or country) Maine

11 MAIDEN NAME OF MOTHER Margaret E Mahony

12 BIRTHPLACE OF MOTHER (City) Waltham
(State or country) Mass

13 Informant Frederick J Muldoon
(Address) 3 Pleasant St.

14 Filed Jan 14, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan (Month) 7 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1925, to Jan 9, 1925,
that I last saw h-e alive on Jan 7, 1925
and that death occurred, on the date stated above, at 6P m.
The CAUSE OF DEATH was as follows:
Pulmonary Embolism

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

CONTRIBUTORY (SECONDARY) Caesarian

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

17 Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of 1/7/25
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) Harry A Tilly, M.D.
(Address) 3 Pleasant
Date 1 (Month) 10 (Day), 25 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Calvary Waltham
(Cemetery) (City or town)

DATE OF BURIAL 1/12/1925

19 UNDERTAKER —

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.
Official position Health Officer Date of issue of permit 1/12/25 Permit No. 802

Jan. 9. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 11 Summit Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Johnson) Baby
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Summit ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE: Years x | Months x | Days x | If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here: Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work:
(b) Name of employer:

8 BIRTHPLACE (City) (State or country): Winthrop Mass

PARENTS

9 NAME OF FATHER: Jacob Johnson

10 BIRTHPLACE OF FATHER (City) (State or country): Denmark

11 MAIDEN NAME OF MOTHER: Alice Wagner

12 BIRTHPLACE OF MOTHER (City) (State or country): Ludwigsburg U. S.

13 Informant: Jacob Johnson
(Address): 11 Summit ave Winthrop

14 Filed Jan 14 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Jan. 10, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____, that I last saw h____ alive on ____, 19____, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Stillborn

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

CONTRIBUTORY (SECONDARY): Hydrocephalus

(duration) ____ yrs. ____ mos. ____ ds

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Rodney, M. D.
(Address) 306 Washington St
Date Jan 12 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels M. D.
Official position Health Officer Date of issue of permit 1/12/25 Permit NO. 5553

Jan. 10, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 33 Forest St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret E. Warren
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Stephen M.

6 AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Patrick Callahan
10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
11 MAIDEN NAME OF MOTHER Elizabeth Hayne
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13
Informant Frances Chardonnie
(Address) 33 Forest St. Winthrop

14
Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.
Official position Health Officer Date of issue of permit 1/11/25 Permit No. 857

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 10 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased ~~from~~ January 9, 1925, to ~~, 19~~, that I last saw h alive on January 9, 1925, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH was as follows:

Acute Cardiac Dilitation
[Immediate]
(duration) yrs. mos. ds.

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

17 Where was disease contracted if not at place of death?
FOR WHAT
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Dewitt E. Johnson, M. D.
(Address) 123 Winthrop
Date January 11 1925 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town)
DATE OF BURIAL Jan 13 1925

19 UNDERTAKER Michael J Rocella
ADDRESS 101 N Bennet St Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-20M-
23-200,000

Jan. 10, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

347

BOSTON
(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. _____
(Place of death)

County Suffolk State Massachusetts

Registered No. _____
(Place of residence)

City or town Boston No. Mass Homoeo Hosp St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Donald Hamilton
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. 68 Harbor View Ave
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	2	28	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (city or town) Everett
(State or country) Mass

PARENTS

9 NAME OF FATHER Harold E Hamilton

10 BIRTHPLACE OF FATHER (city or town) Dallas
(State or country) Texas

11 MAIDEN NAME OF MOTHER Evelyn M Nickerson

12 BIRTHPLACE OF MOTHER (city or town) Chelsea
(State or country) Mass

13 Informant Evelyn M Hamilton
(Address) Winthrop

14 Filed Jan 14, 1925 E. W. McGlenen
Registrar of city or town where death occurred

Filed _____, 1925 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 11 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1924, to Jan 11, 1925, that I last saw him alive on Jan 11, 1925, and that death occurred, on the dated stated above, at 9 a m.

The CAUSE OF DEATH was as follows:

Diphtheria-Tonsillar-Septic throat
Ulcerative laryngitis.

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia

(duration) yrs. mos. 10 ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? yes Date of Tracheotomy Jan 6/25

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) F E Cruff, M. D.

(Address) 296 Allston St Brighton

Date Jan 11, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Glenwood, Everett
(Cemetery) (City or town)

DATE OF BURIAL Jan 12, 1925

19 UNDERTAKER Frank D Sweeney

ADDRESS Everett

34—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-303

MARGIN RESERVED FOR BINDING

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

13,856 Winthrop (City or town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No.

City or Town Winthrop No. 45, Locust St., Ward

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

2 FULL NAME Alice Grant.

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

(a) Residence. No. Winthrop, 45 Locust St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	4	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) England
(State or country)

PARENTS

9 NAME OF FATHER Thomas Blent

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Lydia Keyes

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant Frederick Grant
(Address) 45 Locust St. Winth.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) Jan. (Day) 12 (Year) 1925

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

(Natural Causes:
Cardio-renal trouble -
(Sudden death.)

(See reverse side for description for unknown person)

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

(Signed) [illegible], M.D.
(Address)
Medical Examiner for Suffolk
Date (Month) Jan. (Day) 13, (Year) 1925.

18 PLACE OF BURIAL, CREMATION, or REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: Jan 15 1925 (Month) (Day) (Year)

19 UNDERTAKER Frank E. Brown ADDRESS East Boston

20 Burial permit issued by [illegible] Official position Health Officer 21 Date of issue 1/15/25 Permit No. 80

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person) . . . . . .

.....

.....

.....

.....

.....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 12, 1925

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No. 22 Washington Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Juliette A Fuller
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22 Washington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of George F.

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
72	11	30	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Sandwich
(State or country) N. H.

PARENTS

9 NAME OF FATHER Orrin M. Smith

10 BIRTHPLACE OF FATHER (City) Canaan
(State or country) N. H.

11 MAIDEN NAME OF MOTHER Sarah Corliss

12 BIRTHPLACE OF MOTHER (City) Sandwich
(State or country) N. H.

13 Informant Mrs G. F. Fuller
(Address) 22 Washington Ave Winthrop

14 Filed Nov 17 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. (Month) 12 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 11, 1924, to Jan. 12, 1925, that I last saw h er alive on Jan. 11, 1925, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of uterus

(duration) 1 yrs. — mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam + Hist

(Signed) Sallie H. Saunders, M. D.

(Address) 32 Woodside Park, Winthrop

Date. Nov. (Month) 13 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Littleton (Cemetery) Mass (City or town)

DATE OF BURIAL Jan 15, 1925

19 UNDERTAKER Frank C. Brown

ADDRESS East Boston

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

Official position Health Officer Date of issue of permit Jan. 15, 25 Permit NO. 8005

Jan. 12, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)
County Suffolk State Mass Registered No.
City or Town Winthrop No. Winthrop Community Hosp St., 1 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carl F Ultsch Jr
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 26 Charles St St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 6 years — months — days. — How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	1	3	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Boy
(b) Name of employer —

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Carl F. Ultsch
10 BIRTHPLACE OF FATHER (City) Springfield
(State or country) Mass
11 MAIDEN NAME OF MOTHER Mrs Dell West
12 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

13 Informant Mother
(Address) 26 Charles St. Winthrop

14 Filed Jan 31 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.
Official position Health Officer Date of issue of permit 1/20/25 Permit No. 856

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan (Month) 17 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1924, to Jan 17, 1925
that I last saw him alive on Jan 17, 1925
and that death occurred, on the date stated above, at 7.40 P m.
The CAUSE OF DEATH was as follows:
Sarcoma of liver
(duration) Questionable yrs. mos. ds.
CONTRIBUTORY (SECONDARY) secondary anaemia
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? Winthrop Mass
Did an operation precede death? Yes Date of Jan 2 1925
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) Roy W Layton, M.D.
(Address) Winthrop Mass
Date Jan (Month) 20 (Day), 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Glenwood Cem Everett
(Cemetery) (City or town)

DATE OF BURIAL Jan 20th, 25

19 UNDERTAKER Walter T. White
ADDRESS Winthrop Jan 20 1925

Jan. 17. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

ORM R-303

MARGIN RESERVED FOR BINDING

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

13,868

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop - Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phyllis Warren
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 5 Town Beach St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	10	11	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Frank Warren

10 BIRTHPLACE OF FATHER (City)
(State or country) Virginia

11 MAIDEN NAME OF MOTHER Ethelyn McGillicuddy

12 BIRTHPLACE OF MOTHER (City) N. B.
(State or country)

13 Informant David Macaulay
(Address) 5 Town Beach Ave Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) Jan (Day) 18, (Year) 1925

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Fracture, Compound depressed, of the Skull (frontal region), with associated intracranial injury, caused by a crushing - motor vehicle accident.

(See reverse side for description for unknown person)

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

(Signed) Geo. Eugene Forsyth, M.D.

(Address) —

Medical Examiner for Suffolk

Date (Month) Jan (Day) 19, (Year) 1925

18 PLACE OF BURIAL, CREMATION, or REMOVAL — DATE OF BURIAL

Winthrop Cemetery (Cemetery) (City or town) 1/21/25 (Month) (Day) (Year)

19 UNDERTAKER David Sedgerton — ADDRESS Winthrop

20 Burial permit issued by H. C. Daniels Official position Health Officer 21 Date of issue 1/20/25 Permit No. 857

10M. 1-25. 3800.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Physicians Warren Jan. 18, 1925

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County ~~Suffolk~~ State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 189 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Pero
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 189 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist
(b) Name of employer Retired

8 BIRTHPLACE (City) New London
(State or country) Conn.

PARENTS

9 NAME OF FATHER James Pero

10 BIRTHPLACE OF FATHER (City)
(State or country) Canada

11 MAIDEN NAME OF MOTHER Mary Trucheon

12 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

13 Informant Cora B. Pero
(Address) 189 Pleasant St. Winthrop

14 Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Danielle M.D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) Jan (Day) 20 (Year) 25

16 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1925, to Jan 20, 1925,
that I last saw h[illegible] alive on Jan 20, 1925,
and that death occurred, on the date stated above, at 4.30 p.m.
The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 2 yrs. — mos. — ds.

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Harvey A. Kelly, M.D.
(Address) 136 Bowdoin St.
Date (Month) Jan (Day) 20 (Year) 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Jan 23 1924

19 UNDERTAKER Edwin A. Lane
ADDRESS 259 Bowdoin St Dorchester

Official position Health Officer Date of issue of permit 1/23/25 Permit No. 858

3-XXM.
100,000. 3567.

1 Jan. 20, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BROOKLINE (City or town)

Registered No. 47 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County NORFOLK State MASSACHUSETTS

City or town BROOKLINE No. BROOKS HOSPITAL St., Ward

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

2 FULL NAME James Brown

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

(a) Residence. State Massachusetts City or Town Winthrop No. 45 Atlantic Ave St.

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
74	1	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired: Master Mariner
(b) Name of employer

8 BIRTHPLACE (city or town) Red Beach
(State or country) Maine

PARENTS

9 NAME OF FATHER (Cannot be learned)

10 BIRTHPLACE OF FATHER (city or town) (Cannot be learned)
(State or country)

11 MAIDEN NAME OF MOTHER (Cannot be learned)

12 BIRTHPLACE OF MOTHER (city or town) (Cannot be learned)
(State or country)

13 Informant Charles A Colton
(Address) 45 Atlantic Ave. Winthrop Mass

14 Filed Jan. 23 1925
Registrar of city or town where death occurred

Filed ___, 19__
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January (Month) 23, (Day) 1925. (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1924 to Jan. 23, 1925,

that I last saw him alive on Jan. 22, 1925,

and that death occurred, on the dated stated above, at 4 A. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Prostate.

(duration) Several years mos. ds.

CONTRIBUTORY (SECONDARY) /

(duration) / yrs. mos. ds.

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

Did an operation precede death? Yes. Date of Oct/25/24

Was there an autopsy? No. Total Prostatectomy for C. of Prostate.

What test confirmed diagnosis? Microscopic Exam.

(Signed) George Gilbert Smith M. D.

(Address) 7 Marlboro St. Boston Mass

Date January 23, 1925.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop, Winthrop Mass
(Cemetery) (City or town)

DATE OF BURIAL 1/26/ 1925

19 UNDERTAKER C R Bennison

ADDRESS Winthrop Mass

4-24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

ORM R-306

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. See reverse side for affidavit.

The Commonwealth of Massachusetts

AFFIDAVIT AND CORRECTION OF A RECORD OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

47

Registered No. ____ Deposition No. ____

1 PLACE OF DEATH

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

2 FULL NAME JAMES H BROWN
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 45 ATLANTIC St., Ward. WINTHROP MASS
(Usual place of abode) (If non-resident give city or town and State)

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

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

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

6 DATE OF BIRTH ____ (Month) ____ (Day) ____ (Year)

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
74	1	15	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Master Mariner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) Red Beach
(State or country) Maine

PARENTS

10 NAME OF FATHER (Cannot be learned)

11 BIRTHPLACE OF FATHER (City) (Cannot be learned)
(State or country)

12 MAIDEN NAME OF MOTHER (Cannot be learned)

13 BIRTHPLACE OF MOTHER (City) (Cannot be learned)
(State or country)

14 Informant Charles A Colton
(Address) 45 Atlantic St Winthrop

15 DATE OF DEATH January (Month) 23, (Day) 1925 (Year) at 4A M.

16 CAUSE OF DEATH
Carcinoma of Prostate.

CONTRIBUTORY (SECONDARY) ____

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

(Signed) George Gilbert Smith, M.D.

(Address) 7 Marlboro St Boston Mass

Date January (Month) 23, (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL		DATE OF BURIAL
Winthrop, (Cemetery)	Winthrop Mass (City or town)	1/25/25 (Month) (Day) (Year)

19 Date original certificate of death was filed by city or town clerk JANUARY 23, 1925

20 The above corrections with reference to the statement on the back of this blank have been entered upon the death records of the Town (City or town) of BROOKLINE (Name of city or town), in accordance with the provisions of Revised Laws, Chap. 29, Sec. 14, this 30th day of April 26, 19 , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth

Recd Winthrop May 1, 1926 - B.S. Dodge Town Clerk -

REGISTRAR

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Suffolk } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the death of JAMES BROWN (Give name of decedent exactly as recorded on the original record) in the Town (City or town) of Brookline (Name of city or town), does not fully and correctly state all the facts relating to said death, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to decedent, if any
Hattie E Colton	45 Atlantic St Winthrop	Daughter

Date, April 23, 1926

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Charles H Colton

(Seal) Official designation Notary Public Comm. expires Sept/
(City or town clerk or assistant clerk, notary public, or other officer authorized to administer oaths for general purposes)

Jan. 23, 1925.

MARGIN RESERVED FOR BINDING

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town)

1 PLACE OF DEATH
County SUFFOLK State MASS. Registered No.

City or Town WINTHROP No. 132 HERMON St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM MORGAN
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 132 HERMON St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

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

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	78			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work DRAIN LAYER
(b) Name of employer

8 BIRTHPLACE (City) CARDIFF
(State or country) WALES

PARENTS

9 NAME OF FATHER CANNOT BE LEARNED

10 BIRTHPLACE OF FATHER (City) CARDIFF
(State or country) WALES

11 MAIDEN NAME OF MOTHER THOMPSON

12 BIRTHPLACE OF MOTHER (City) CARDIFF
(State or country) WALES

13 Informant ELIZABETH MORGAN
(Address) 132 HERMON

14 Filed JAN 31 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 23 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 1-15, 1925, to 1-23, 1925; that I last saw h in alive on 1-23, 1925; and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Avery Kelly, M. D.

(Address) 200 Pleasant

Date 1 24 25
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
WINTHROP (Cemetery) WINTHROP (City or town)

DATE OF BURIAL 1925 JAN 26, 1925

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels Jr. (Official position) Health Officer Date of issue of permit 1/26/25 Permit No. 859

100,000

Jan. 23, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No 36 Nevada St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jessie Dyce
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Nevada St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James G. Dyce

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	19	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Scotland

PARENTS

9 NAME OF FATHER John Anderson

10 BIRTHPLACE OF FATHER (City) (State or country) Scotland

11 MAIDEN NAME OF MOTHER Janet Woodside

12 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

13 Informant Mrs Herbert Rumham
(Address) 36 Nevada St Winthrop

14 Filed Jan 31 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 25 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 25, 1923, to Jan. 25, 1925, that I last saw h er alive on Jan. 24, 1925, and that death occurred, on the date stated above, at 1 8. m.

The CAUSE OF DEATH was as follows:

Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis

(duration) 4 yrs. mos. ds.

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward J. Granger M.D.

(Address) 7 Grand St.

Date Jan. 26 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Jan 26-25

19 UNDERTAKER Frank E. Brown ADDRESS East Boston

Official position Health Officer Date of issue of permit 1/26/25 Permit No. 860

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 822 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEO. HOSPT. St., Ward

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

2 FULL NAME SUMNER GREENBERG

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

(a) Residence. State MASS. City or Town WINTHROP No. 53 TRIDENT AVE. St.

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	11		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) WINTHROP
(State or country)

PARENTS

9 NAME OF FATHER PHILIP GREENBERG

10 BIRTHPLACE OF FATHER (city or town)
(State or country) RUSSIA

11 MAIDEN NAME OF MOTHER ANNIE GREEN

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) RUSSIA

13 Informant FATHER
(Address)

14 Filed JAN. 28, 1925 E. W. McGlenen
Registrar of city or town where death occurred

Filed ____, 1925 Bessie L. Hodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JAN. 26 (Month) (Day) 1925 (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from JAN 15, 19 25 to JAN. 26, 1925, that I last saw him alive on JAN. 26, 1925, and that death occurred, on the dated stated above, at 3.30A m.

The CAUSE OF DEATH was as follows:

AC. LARYNGEAL STENOSIS (PROB. IN-
FLUENZAL)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) BRONCHO-PNEUMONIA

(duration) yrs. mos. 7 ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. E. CRUFF, M. D.

(Address)

Date JAN. 26, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
CHEVRA THILIM
(Cemetery) (City or town)

DATE OF BURIAL
JAN. 26, 1925

19 UNDERTAKER
MANUEL STANETSKY

ADDRESS

24—50,000

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 947 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. CHAR. EYE & EAR INF. St., Ward

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

2 FULL NAME MATTHEW L. MC DONALD

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

(a) Residence. State MASS. City or Town WINTHROP No. 16 JOHNSON AVE. St.

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	12	3	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: SCHOOLBOY
(b) Name of employer

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

PARENTS

9 NAME OF FATHER: MATTHEW L.

10 BIRTHPLACE OF FATHER (city or town): BOSTON (EAST)
(State or country)

11 MAIDEN NAME OF MOTHER: MARY A. SHAUGHNESSY

12 BIRTHPLACE OF MOTHER (city or town): BOSTON
(State or country)

13 Informant: FATHER
(Address)

14 Filed JAN. 31, 1925 E. W. McGlenen
Registrar of city or town where death occurred
Filed (May 16) 1925 Bessie L. Dodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JAN. 28 (Month) (Day) 1925 (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from DEC. 31, 1924, to JAN. 28, 1925, that I last saw h IM alive on JAN. 28, 1925, and that death occurred, on the dated stated above, at 5.35 P m.

The CAUSE OF DEATH was as follows:

MASTOIDITIS, AC. SUPPURATIVE, RT,
SINUS THROMBOSIS
MENINGITIS, AC. SUPP. PNEUMOCOCCUS
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) AC. SUP. MENINGITIS
(duration) yrs. mos. 4 ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. G. TOBEY, M. D.

(Address)

Date JAN. 29, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: WINTHROP (WINTHROP CE.) (Cemetery) (City or town)

DATE OF BURIAL: JAN. 30, 1925

19 UNDERTAKER: J. F. O'MALEY

ADDRESS: WINTHROP

24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK– THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winchester No. 15 George St Winchester St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth Thompson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 George St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79	9	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) So Danvers
(State or country) Mass

PARENTS

9 NAME OF FATHER Jamalial B. Thompson

10 BIRTHPLACE OF FATHER (City)
(State or country) Me

11 MAIDEN NAME OF MOTHER Mary Ann. Brice

12 BIRTHPLACE OF MOTHER (City) So Danvers
(State or country) Mass

13
Informant Jamalial B. Thompson
(Address) Boston 15 George St Winchester

14
Filed ___ (Month) ___ (Day) 1925 (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels Official position Health Officer Date of issue of permit Jan. 30, 1925 Permit No. 861

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan (Month) 29 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1924, to Jan 29, 1925, that I last saw h alive on Jan 29, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

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

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

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C [illegible] M. D.
(Address) 355 Winchester St
Date Jan 30 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winchester Town Winchester
(Cemetery) (City or town)

DATE OF BURIAL
1/31/25

19 UNDERTAKER
C. R. Brennan

ADDRESS
Winchester

4-25 100,000

Jan. 29, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 1080 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. INFANTS HOSPT. St., Ward

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

2 FULL NAME PATRICK F. SULLIVAN

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

(a) Residence. State MASS. City or Town WINTHROP No. 77 BARTLETT ROAD St.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	11	1		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) CAMBRIDGE
(State or country)

PARENTS

9 NAME OF FATHER JOHN D.

10 BIRTHPLACE OF FATHER (city or town) IRELAND
(State or country)

11 MAIDEN NAME OF MOTHER MARGARET SULLIVAN

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant MOTHER
(Address)

14 Filed FEB. 3, 1925 E. W. McGlenen
Registrar of city or town where death occurred
Filed May 16, 1925 Bessie L. Lloyd
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH FEB. 1 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from JULY 20, 1924, to FEB. 1, 1925, FEB. 1
that I last saw h IM alive on , 1925,
and that death occurred, on the dated stated above, at 4.10A m.

The CAUSE OF DEATH was as follows:
CHR. VALV. HEART DISEASE

(duration) yrs. 15 mos. ds.

CONTRIBUTORY (SECONDARY) RHEUMATIC FEVER

(duration) 2 yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. JOHNSTON, M. D.

(Address)

Date FEB. 1, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL MALDEN (HOLY CROSS)
(Cemetery) (City or town)

DATE OF BURIAL FEB. 3, 1925

19 UNDERTAKER J. J. KELLEY & SON

ADDRESS CAMB.

24—50,000

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nancy Edith Munro
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 58 Sea View St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred X years X months 2 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	X	X	2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Myrton L. Munro.

10 BIRTHPLACE OF FATHER (City) Mansfield
(State or country) Mass

11 MAIDEN NAME OF MOTHER Mildred F. Mooney

12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

13
Informant Myrton L. Munro.
(Address) 58 Sea View ave Winthrop

14
Filed Jun 24 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jun 3 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jun 1, 1925, to Jun 3, 1925, that I last saw her alive on Jun 3, 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

Hemorrhagic Disease of the New Born.
(intestines, mouth)
(duration) yrs. mos. 1 ds.

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

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Personal Observation

(Signed) Raymond B. Parker M. D.
(Address) Winthrop Mass
Date Jun 3 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL 2/5/26

19 UNDERTAKER C. R. Benneson

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D. Official position Health Officer Date of issue of permit 7/5/25 Permit NO. 862

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

. 100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town S. Boston No. 459 Winthrop St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary T. Kennedy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 459 Winthrop St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

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

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) Name of employer

8 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

9 NAME OF FATHER Cuney

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Cannot remember

12 BIRTHPLACE OF MOTHER (City) Cannot remember
(State or country)

13 Informant William J. Kennedy
(Address) 459 Winthrop St

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 2 (Month) 6 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1925, to Feb 6, 1925, that I last saw h— alive on Feb 4, 1925 and that death occurred, on the date stated above, at 8 17 m.

The CAUSE OF DEATH was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

(duration) yrs. mos. ds.

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

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harry Goldthwait, M.D.

(Address) 2 ob Boston

Date 2 (Month) 5 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) Holy Cross (City or town)

DATE OF BURIAL 2/8/25

19 UNDERTAKER John F. O'Meara

ADDRESS 11 Eliot St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued E. P. Daniels M.D.

Official position Health Officer

Date of issue of permit 2/6/25

Permit No. 8193

Feb. 6. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lynn (City or town)
Registered No. 164 (Place of death)
Registered No. (Place of residence)

1 PLACE OF DEATH

County Essex State Mass.

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

2 FULL NAME Gertrude W. Merrill
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 78 Centre St.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School teacher
(b) Name of employer

8 BIRTHPLACE (city or town) Lynn,
(State or country) Mass.

PARENTS

9 NAME OF FATHER Alexander Webber

10 BIRTHPLACE OF FATHER (city or town) Shapleigh,
(State or country) Me.

11 MAIDEN NAME OF MOTHER Nancy P. Allen

12 BIRTHPLACE OF MOTHER (city or town) Shapleigh,
(State or country) Me.

13 Informant Dr. H. A. Weber
(Address) Atlanta, Ga.

14 Filed Mar. 7, 1925 [signature] Registrar of city or town where death occurred
Filed Mar 13, 1925 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 6, 1925 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1925, to Feb. 6, 1925, that I last saw her alive on Feb. 6, 1925, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH was as follows:

General Paralysis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. C. Parcher, M.D.
2/7/25 (Address) Saugus, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop, Mass.	Feb. 9, 1925
19 UNDERTAKER	**ADDRESS**
Jas. M. Blaisdell & Son	Lynn

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 68

1 PLACE OF DEATH

County Suffolk.

Township Winthrop.
or
Village
or
City (No. Station Hospital, St.; Fort Banks, Mass. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts.

Registered No.

2 FULL NAME Louise Ferrant.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female.	White.	Married.

6 DATE OF BIRTH: September (Month) 6th (Day) 1898 (Year)

7 AGE: 26 yrs. 5 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: Joseph Rebhan.

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cpl. Joseph Ferrant,

(Address) Fort Banks, Mass.

15 Filed ____, 1925

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 8th, (Day) 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from February 8th, 1925, to February 8th, 1925 that I last saw her alive on February 8th, 1925 and that death occurred, on the date stated above, at 7:35 P.m.

The CAUSE OF DEATH* was as follows:

Shock and hemorrhage from ruptured ectopic pregnancy.

(Duration) ____ yrs. ____ mos. 4 Hours.

Contributory (SECONDARY) Ectopic Pregnancy.

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) R. W. Gunnell, Major, M.C., M. D.

Feb. 9, 1925 (Address) Ft. Banks, Mass.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 1 yrs. 4 mos. 21 ds. In the State 1 yrs. 4 mos. 21 ds.

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

Former or usual residence Fort Screvens, Ga.

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Interred	Feb. 11, 1925
20 UNDERTAKER	ADDRESS
[illegible]	Winthrop

11—3184

[illegible]

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 21 Taylor St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Bernard
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 21 Taylor St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Frederick J. Bernard

6 AGE: Years 70 | Months 1 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) Name of employer

8 BIRTHPLACE (City) East Boston,
(State or country) Mass.

PARENTS

9 NAME OF FATHER George Wright.

10 BIRTHPLACE OF FATHER (City)
(State or country) Scotland.

11 MAIDEN NAME OF MOTHER Helen Nichols.

12 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland.

13 Informant Margaret M. Bernard (sister)
(Address) 21 Taylor St.

14 Filed ___ ___ ___ REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 10 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, to Feb. 10, 1925, that I last saw h alive on Feb. 8, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH was as follows:

Natural Prepuption

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

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) ___ yrs. ___ mos. ___ ds

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 386 Winthrop St

Date Feb. 10 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL Feb. 12, 1925

19 UNDERTAKER Charles P. Bennison

ADDRESS Winthrop Mass

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

Official position [illegible] Date of issue of permit 2/ 25

Permit NO. 665

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

25 100 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. ____ (City or town) Winthrop

1 PLACE OF DEATH
County Suffolk. State Mass. Registered No. ____
City or Town Winthrop No. 21, Taylor St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Bernard
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 21 Taylor St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed.

5a If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Frederick J. Bernard

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70	1	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) Name of employer

8 BIRTHPLACE (City) East Boston.
(State or country) Mass.

PARENTS

9 NAME OF FATHER George Wright.

10 BIRTHPLACE OF FATHER (City) Scotland.
(State or country)

11 MAIDEN NAME OF MOTHER Helen Nichols.

12 BIRTHPLACE OF MOTHER (City) Scotland.
(State or country)

13 Informant Margaret M. Neal (Sister)
(Address) 21 Taylor St.

14 Filed ____ (Month) ____ (Day) ____ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 10 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1925, to Feb. 10, 1925, that I last saw h[er] alive on Feb. 8, 1925, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

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

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) [illegible] M. D.

(Address) 386 Winthrop

Date Feb. 10 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town)

DATE OF BURIAL Feb. 12, 1925

19 UNDERTAKER Charles P. Bennison

ADDRESS Winthrop Mass

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

Official position [illegible] Date of issue of permit 2/[illegible]/25 Permit NO. 665

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

-23100 000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 29 Sea Foam Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward A Saganey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 29 Sea Foam Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

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

6 AGE: Years | Months: 1 | Days: 15 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Anthony
10 BIRTHPLACE OF FATHER (City) Austria
(State or country)
11 MAIDEN NAME OF MOTHER Ann Walah
12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant A. Saganey.
(Address) 29 Sea Foam Ave

14 Filed Feb 24 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 11 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from on Feb 11, 1925, to ———, 19___, that I last saw h im alive on Feb. 11, 1925, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(duration) ___ yrs. ___ mos. 1 ds.

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

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

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Edward J. Granger, M. D.
(Address) 7 Summit St.
Date Feb 12 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL: 2/13/25

19 UNDERTAKER John F O'Malley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Asst Clerk
Date of issue of permit 2 12 25
Permit NO. 8165

Feb. 11. 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Lyman Crosby
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 31 Villa Ave St., Ward. (Beacon Villa)
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Annie L. Crosby

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51	5	26	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe merchant
(b) Name of employer: Proprietor

8 BIRTHPLACE (City): Warren
(State or country): Massachusetts

PARENTS

9 NAME OF FATHER: Lyman Crosby

10 BIRTHPLACE OF FATHER (City): Warren
(State or country): Massachusetts

11 MAIDEN NAME OF MOTHER: Etta E. Davis

12 BIRTHPLACE OF MOTHER (City): Warren
(State or country): Massachusetts

13 Informant: Mrs Annie L. Crosby
(Address): Beacon Villa, Winthrop

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

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

Official position, Health Officer Date of issue of permit 2/3/25 Permit NO. 867

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 13. 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1925, to Feb 13, 1925, that I last saw h in alive on Feb 13, 1925, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH was as follows:

Type I Lobar Pneumonia
Rt Upper Lobe

(duration) ___ yrs. ___ mos. 27 ds.

CONTRIBUTORY (SECONDARY) Oedema of Lungs - Acute Cardiac Dilatation

(duration) ___ yrs. ___ mos. 1 ds

17 Where was disease contracted if not at place of death? Beacon Villa Winthrop Mass

Did an operation precede death? Yes Date of Feb 4

Was there an autopsy? Thoracotomy & resection of rib

What test confirmed diagnosis? Laboratory etc

(Signed) Richard Metcalfe M. D.

(Address) 114 Pearl St.

Date Feb 13 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Warren Mass
(Cemetery) (City or town)

DATE OF BURIAL: Feby 16/25

19 UNDERTAKER: A. E. Loughton

ADDRESS: Cambridge

Feb. 15, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No. 65 Court Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Chapman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 65 Court Road St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	6	18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer Blacksmith

8 BIRTHPLACE (City) Tousley
(State or country) England

PARENTS

9 NAME OF FATHER John Chapman

10 BIRTHPLACE OF FATHER (City)
(State or country) England

11 MAIDEN NAME OF MOTHER Sophia Price

12 BIRTHPLACE OF MOTHER (City)
(State or country) England

13 Informant Mrs Chapman
(Address) Winthrop

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 20 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1925, to Feb. 20, 1925, that I last saw h in alive on Feb 20, 1925, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH was as follows:
Valvular Heart Disease

Influenza (duration) ___ yrs. ___ mos. ___ ds.

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

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. J. Garritt, M. D.
(Address) 457 Broadway
Date Feb 21, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Brighton
(Cemetery) (City or town)
DATE OF BURIAL Feb. 23, 1925

19 UNDERTAKER A. F. Munroe
ADDRESS Chelsea

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [signature] Official position Registration Officer Date of issue of permit 2-2-25 Permit NO. 8168

Feb. 20. 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lena Hayden Freeman.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 47 Summit Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Dean G. Freeman.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51	7	12	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Cambridge.
(State or country) Mass.

PARENTS

9 NAME OF FATHER Perez. M. Hayden.

10 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia.

11 MAIDEN NAME OF MOTHER Rosanna Etherington

12 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia.

13 Informant Mrs. Rosanna Hayden.
(Address) 10 Revere St.

14 Filed Feb 24 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 20 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct, 1922, to Feb 20, 1925, that I last saw h alive on Feb 20, 1925, and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH was as follows:

Chronic valvular Heart Disease
Chronic Interstitial Nephritis

(duration) 5+ yrs. ___ mos. ___ ds.

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

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

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Personal Observation

(Signed) R. B Parker. M. D.
(Address) Winthrop Mass
Date Feb 21 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Feb 22 1925

19 UNDERTAKER
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. E. Daniels
Official position Health Office
Date of issue of permit Feb 21. 1925
Permit NO. 869

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 16 Willow Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John L. Harrington
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Willow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Mary L. Harrington

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49	10		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wool grader
(b) Name of employer Foreman

8 BIRTHPLACE (City) South Boston
(State or country)

PARENTS

9 NAME OF FATHER John Harrington

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Katherine Welch

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Mary L. Harrington
(Address) 16 Willow Ave

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. Daniels
Official position Health Officer Date of issue of permit Feb 27, 1925 Permit No. 870

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. (Month) 21 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1925, to Feb 21, 1925, that I last saw h alive on Feb. 21, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH was as follows:

1 Lobar pneumonia

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

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

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? Yes If Under One Year, Was Baby Breast Fed
What test confirmed diagnosis?

(Signed) C. Dunlavey, M. D.
(Address) 306 Washington St
Date Feb 23 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove (Cemetery) Winthrop (City or town) DATE OF BURIAL

19 UNDERTAKER Wm. A. Tierney ADDRESS Boston

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Feb. 21. 1725

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

305

should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. Registered No. 1957

City or Town Boston (Place of death) No. RIVERBANK HOSPT. St., Ward (Place of residence)

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

2 FULL NAME LUCY DUGGAN

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

(a) Residence. No. 1010 SHORE DRIVE St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
27	5	12	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: AT HOME
(b) Name of employer:

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

PARENTS

9 NAME OF FATHER FRED W. SMALLEY

10 BIRTHPLACE OF FATHER (city or town) ROCKLAND
(State or country) ME.

11 MAIDEN NAME OF MOTHER CARRIE JACKSON

12 BIRTHPLACE OF MOTHER (city or town) BOSTON
(State or country)

13 Informant: FATHER
(Address)

14 Filed FEB. 26, 1925 E. W. McGlenen
Registrar of city or town where death occurred
Filed ____, 19____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH FEB. (Month) 22 (Day) 1925 (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

ENDOCARDITIS, ACUTE, VEGETATIVE,
(THROMBOSIS, MURAL, OF MITRAL VALVE)
SECONDARY TO INFECTION OF UTERUS,
ASSOCIATED WITH INTERRUPTION OF
PREGNANCY (ALLEGED SELF-INSTRUMENTATION)

(See reverse side for additional space)

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

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK CO.

Date FEB. (Month) 23. (Day) 1925 (Year) (COMP. JUNE 24)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: NORFOLK (NORFOLK CEM)
DATE OF BURIAL (Month) FEB. (Day) 25 (Year)

19 UNDERTAKER: J. S. WATERMAN & SONS
ADDRESS

20 Burial permit issued by
Official position

21 Date of issue

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Recvd Aug 9 from Feb. 22, 1926

13,982

ORM R-303

MARGIN RESERVED FOR BINDING

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

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No. 19, Beal St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Warren Godfrey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 19 Beal St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	22	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) Name of employer G.W. Spence Co

8 BIRTHPLACE (City) Wakefield
(State or country) Mass

PARENTS

9 NAME OF FATHER Warren H. Godfrey

10 BIRTHPLACE OF FATHER (City) Cape Cod
(State or country) Mass

11 MAIDEN NAME OF MOTHER Ellen Carey

12 BIRTHPLACE OF MOTHER (City) Wakefield
(State or country) Mass

13 Informant Wife Alice E. Godfrey
(Address) 19 Beal St. Winthrop

14 Filed Mch 23 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 23, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes; Senility by
Pneumonia, Confluent, 8 days
Duration

(Send reply to this home.)

(See reverse side for description for unknown person)

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

(Signed) [illegible], M.D
(Address) [illegible]

Medical Examiner for [illegible]

Date Feb. 23 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Glenwood Cem Cand
(Cemetery) (City or town)
DATE OF BURIAL (Month) (Day) (Year) Feby 25/25

19 UNDERTAKER Walter J. White ADDRESS Winthrop

20 Burial permit issued by H. C. Daniels Official position Health Officer

21 Date of issue 2/25/25 Permit No. 871

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person) . . .

.....

.....

.....

.....

.....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Feb. 23, 1925

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Beacon Villa Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abbie Ireland
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. ~~125 Washington Ave~~ Beacon Villa St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced
HUSBAND of (or) WIFE of William C. Ireland

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	81	2	26	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) So. Carver, Mass.
(State or country)

PARENTS

9 NAME OF FATHER Samuel T. Shurtleff

10 BIRTHPLACE OF FATHER (City) Farmington, N. H.
(State or country)

11 MAIDEN NAME OF MOTHER Hannah Savery

12 BIRTHPLACE OF MOTHER (City) So. Carver, Mass.
(State or country)

13 Informant Mrs. Partridge
(Address) 125 Washington Ave

14 Filed Mar. 6 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels
Official position Health Officer Date of issue of permit 2-25-25 Permit NO. 812

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 24 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June, 1924, to July 24, 1925, that I last saw h alive on July 23, 1925, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH was as follows:

Carcinoma of Breast with metastasis in spine and abdomen

(duration) 2 yrs. 0 mos. - ds.

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

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No FOR WHAT? Date of —

Was there an autopsy? If Under One Year Was Baby Breast Fed

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

(Address) [illegible]

Date July 24 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Boston
(Cemetery) (City or town)

DATE OF BURIAL 2/26/25

19 UNDERTAKER J. S. Waterman & Sons

ADDRESS Boston

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK– THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Feb. 24, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County [illegible] State [illegible] Registered No.
City or Town [illegible] No. 457 Shirley St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert C. Carroll.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 457 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE: Years | Months: 1 | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Robert O'
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
11 MAIDEN NAME OF MOTHER Laura F. Wheeler
12 BIRTHPLACE OF MOTHER (City) Florence
(State or country) Mass.

13 Informant Robert F. Carroll
(Address) 457 Shirley St

14 Filed March 6, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 25 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1925, to Feb. 25, 1925, that I last saw him alive on Feb. 24, 1925, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH was as follows:

Bronchial pneumonia

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY Malnutrition
(SECONDARY)
(duration) ___ yrs. 1 mos. ___ ds

17 Where was disease contracted if not at place of death? N/A

Did an operation precede death? N/A Date of ———

Was there an autopsy? N/A

What test confirmed diagnosis? None

(Signed) Edw. J. Bainger. M. D.
(Address) 7 Winthrop St.
Date Feb 25 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Ave. (City or town)
DATE OF BURIAL

19 UNDERTAKER John F. Maley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels M.D.
Official position Health Officer Date of issue of permit 2/26/25 Permit No. 873

Feb. 25. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop (Navy Yard) No. Community Hospital (Winthrop) St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sabina Simon
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Sterling place St., Brooklyn Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 years 0 months 18 days. How long in U. S., if of foreign birth? 35 years months days

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer House wife

8 BIRTHPLACE (City)
(State or country) Austria

PARENTS

9 NAME OF FATHER an known

10 BIRTHPLACE OF FATHER (City)
(State or country) Austria

11 MAIDEN NAME OF MOTHER an Known

12 BIRTHPLACE OF MOTHER (City)
(State or country) Austria

13 Informant Jack Simon
(Address) 1 Sterling pl.

14 Filed MAR 10 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar. (Month) 3 (Day), 1925 (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from Mar. 1, 1925, to Mar. 3, 1925, that I last saw her alive on Mar. 2, 1925, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH was as follows:

Diabetes mellitus
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 2 mos. ds.

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. of urine

(Signed) Edward J. Frantzen, M.D.

(Address) 7 Irving St.

Date Mar 3 (Month) (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mishpoka Hevra Kadisha Cemetery Brooklyn N. Y. (City or town)

DATE OF BURIAL March 4-25

19 UNDERTAKER Israel Einstein

ADDRESS 32 Belmont ave

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.

Official position Health Officer Date of issue of permit 3/3/25 Permit No. 874

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

23-XXM. 100,000. 3567.

March 3. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOARD OF HEALTH PHYSICIAN'S CERTIFICATE OF DEATH

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

1 PLACE OF DEATH

County Suffolk State Mass Registered No.

City Winthrop No. 19 Floyd St., Ward

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

2 FULL NAME Charles W. H. Blood

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

(a) Residence. No. 19 Floyd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7 AGE 60 Years 7 Months 3 Days

If STILLBORN, enter that fact here

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mech. Eng'

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

(c) Name of employer

9 BIRTHPLACE (city or town) Kalamazoo (State or country) Mich.

PARENTS

10 NAME OF FATHER Orville T. Blood

11 BIRTHPLACE OF FATHER (city or town) Hollis (State or country) N. H.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Mrs. Agnes R. Blood

Address 19 Floyd St. Winthrop

15 Filed ....., 19 (Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 4 1921 (Month) (Day) (Year)

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

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

Cerebral hemorrhage

6 hours

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

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

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

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

Was there an autopsy? No

What test confirmed diagnosis? Personal investigation

(Signed) Raymond B. Parker M.D.

(Address) Winthrop Board of Health

Date March 4 1921 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mass. Crematory Forest Hills Cem. DATE OF BURIAL Mch. 7 1925

20 UNDERTAKER J. S. Waldron Sons Inc. ADDRESS Boston

Local Officer 3/4/25

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

March [illegible]

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

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

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

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

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

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

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

FORM R-303

14,016

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH
County Suffolk- State Registered No.
City or Town Winthrop No. 11 Lewis Terrace St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther Mildred Stover
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 11 Lewis Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	3	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

PARENTS

8 BIRTHPLACE (City) East Boston
(State or country) Mass

9 NAME OF FATHER Joseph W. Stover

10 BIRTHPLACE OF FATHER (City) Bucksport
(State or country) Me

11 MAIDEN NAME OF MOTHER Ellen Wing

12 BIRTHPLACE OF MOTHER (City) Bangor
(State or country) Me

13 Informant William F. Stover (Brother)
(Address) 11 Lewis ave Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 4, 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Epilepsy with pneumonia
(Postmortem)

(found dead in bed)

(See reverse side for description for unknown person)

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

(Signed) Geo Burgess Magrath, M.D.
(Address)
Medical Examiner for Suffolk
Date March 4 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Mt Hope Bangor Me
(Cemetery) (City or town)

DATE OF BURIAL 3/7/25
(Month) (Day) (Year)

19 UNDERTAKER Chas. R. Brennan

ADDRESS Winthrop

20 Burial permit issued by W. C. Daniels Official position Health Officer 21 Date of issue 3/6/25 Permit No. 876

MARGIN RESERVED FOR BINDING

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

10M. 1-'23. 3800.

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mar. 4. 1925

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

12. 100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ WINTHROP No. 78 Sunnyside Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joan Corinha
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 78 Sunnyside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE: Years 1 | Months 2 | Days | If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country Mass

PARENTS

9 NAME OF FATHER Manuel
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Mary Gillis
12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant Manuel Corinha
(Address) 78 Sunnyside Ave

14 Filed OCT 10 1925
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 6, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to March 6, 1925,
that I last saw h[e] alive on March 6, 1925
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH was as follows:
Bronchopneumonia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No FOR WHAT? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Roy W Laycock, M.D.
(Address) Winthrop Mass
Date March 7, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 3/7/25

19 UNDERTAKER John F. O'Malley
ADDRESS Winthrop
Official position Health Officer Date of issue of permit 3/7/25 Permit No. 877

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County _____ State Mass (City or town) Registered No. _____

City or Town Winthrop No. 22, Pleasant Park 14 St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ralph Newhall Swain
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22 Pleasant Park Ct St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	married

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

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	41	4 months	1 day	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sugar Refiner
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Vermont

PARENTS

9 NAME OF FATHER George F

10 BIRTHPLACE OF FATHER (City)
(State or country) Hallowell Maine

11 MAIDEN NAME OF MOTHER Mary Tarbell

12 BIRTHPLACE OF MOTHER (City)
(State or country) Farmington Texas

13
Informant Mrs R H Swain
(Address)

14
Filed _____
(Month) (Day) (Year) REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 8 1919
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mch 26, 1918, to March 8, 1919, that I last saw h alive on March 8, 1919 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH was as follows:

Acute Obstructive Heart

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

CONTRIBUTORY Myocarditis
(SECONDARY)
Influenza (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) C Mahoney M. D.

(Address) 3 Sibley Court Boston

Date March 9 1919
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Linwood Lynn
(Cemetery) (City or town)

DATE OF BURIAL 3-12-19

19 UNDERTAKER
[illegible]

ADDRESS [illegible]

Official position Health Officer Date of issue of permit 3/10/19 Permit No. 579

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

12-23-200,000

March 8. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County _____ State Mass. Registered No. _____
City or Town Winthrop No. Winthrop Community Hosp St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie May Sweett
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 118 Bartlett Road St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank W. Sweett

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	1	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Saugus
(State or country) Mass

PARENTS

9 NAME OF FATHER Hanson Nourse

10 BIRTHPLACE OF FATHER (City) Danvers
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Sarah E Dearborn

12 BIRTHPLACE OF MOTHER (City) Exeter
(State or country) N.H.

13 Informant Frank W. Sweett
(Address) 118 Bartlett Road Winthrop

14 Filed MAR 10 1925
(Month) (Day) (Year) REGISTRAR

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

Official position Agent Date of issue of permit March 8. 25 Permit No. 598

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 5 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jany 29, 1925, to March 5, 1925, that I last saw h[illegible] alive on March 5, 1925, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH was as follows:

Encephaloid Emphysema

(duration) — yrs. 2 mos. — ds.

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

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

(Address) [illegible]

Date March 5 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Riverside (Cemetery) Saugus (City or town)

DATE OF BURIAL 3/11/25

19 UNDERTAKER G. E. Zerrick

ADDRESS Lynn

2-23-200,000

March 8, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

2-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4-24—50,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Westborough (City or town)

Registered No. _____ (Place of death)

Registered No. _____ (Place of residence)

1 PLACE OF DEATH

County Worcester State Mass.

City or town Westborough No. State Hospital St., _____ Ward

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

2 FULL NAME George E. Lappen

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

(a) Residence. (Usual place of abode) State) 45 Deacon City or Town No Winthrop, Mass St.

Length of residence in city or town where death occurred 1 years 4 months 26 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of mrs. Adelaide Lappen

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	37	7	10	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) Name of employer

8 BIRTHPLACE (city or town) Boston
(State or country) mass

PARENTS

9 NAME OF FATHER Henry P. Lappen

10 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Catherine E. Kennedy

12 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) mass

13 Informant State Hospital Records
(Address) Westborough, Mass

14 Filed March 11, 1925 _____ Registrar of city or town where death occurred

Filed Apr. 11, 1925 _____ Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 9th 1925 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to March 9, 1925

that I last saw him alive on March 9, 1925

and that death occurred, on the dated stated above, at 10.20 P.m.

The CAUSE OF DEATH was as follows:

General Paralysis of the Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no Wassermann blood and spinal fluid

What test confirmed diagnosis? _____

(Signed) Edgar C. Yerbury, M. D.

(Address) Westborough Mass

Date March 10, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL March 1925

19 UNDERTAKER John F. J. Maley

ADDRESS Winthrop Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

-302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 2526 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEO. HOSPT. St., Ward

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

2 FULL NAME LILLIAN CAMPBELL

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

(a) Residence. State MASS. City or Town WINTHROP No. 482 WINTHROP St.

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	28			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

8 BIRTHPLACE (city or town) BROOKLYN.
(State or country) N.Y.

PARENTS

9 NAME OF FATHER WILLIAM HOUSE

10 BIRTHPLACE OF FATHER (city or town) BROOKLYN
(State or country) N.Y

11 MAIDEN NAME OF MOTHER GRACE STICKNEY

12 BIRTHPLACE OF MOTHER (city or town) BROOKLYN
(State or country) N.Y.

13 Informant JOHN CAMPBELL
(Address)

14 Filed MAR.11, 1925 E.W. McGlenen
Registrar of city or town where death occurred
Filed ____, 1925 Bessie S. Hodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR.9 (Month) (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAR.9, 1925, to MAR.9, 1925, that I last saw her alive on MAR.9, 1925, and that death occurred, on the dated stated above, at 1.15P m.

The CAUSE OF DEATH was as follows:

PULMONARY EMBOLISM

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PLACENTA PRAEVIA

(duration) yrs. mos. ds.

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

Did an operation precede death? YES Date of MAR.9

Was there an autopsy? (VERSION & BREECH EXT)

What test confirmed diagnosis?

(Signed) C.O.POWELL, M. D.

(Address)

Date MAR.9, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
LAWRENCE (BELLEVUE CEM.)
(Cemetery) (City or town)

DATE OF BURIAL MAR.11, 1925

19 UNDERTAKER JOHN J. BREEN,

ADDRESS LAW.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

ORM R-303

MARGIN RESERVED FOR BINDING

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

10M. 1-23. 3500.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

14,041

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk. State Mass Registered No.

City or Town Winthrop No. 620 Shirley St. St., Ward

2 FULL NAME Josephine L Hubbell

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

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

(a) Residence. No. Winthrop, 620 Shirley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of of Edgar G. Hubbell

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	—	—	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer —

8 BIRTHPLACE (City) Hudson
(State or country) N.Y

PARENTS

9 NAME OF FATHER Abraham H. Groat

10 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country) " "

11 MAIDEN NAME OF MOTHER unable to obtain

12 BIRTHPLACE OF MOTHER (City) " "
(State or country) " "

13 Informant Chas R Penman
(Address) 147 Woodside Ave

14 Filed Mar 24/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 13 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural causes, probably
Cerebro-vascular disease
associated with advanced age.
(Died suddenly at home)

(See reverse side for description for unknown person)

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

(Signed) Leroy Lyon Smyth, M.D.

(Address)

Medical Examiner for Suffolk

Date March 17 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL: Winchester (Cemetery) Winchester (City or town) DATE OF BURIAL: 3/18/25 (Month) (Day) (Year)

19 UNDERTAKER Chas. R. Penman ADDRESS Winchester

20 Burial permit issued by T. C. Daniels Official position Health Officer 21 Date of issue 3.14.25 Permit No. 888

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

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

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

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

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

RULES OF PRACTICE

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

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

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

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

STATEMENT OF CAUSE OF DEATH

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

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

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

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

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

March 13. 1925

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 2774

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. LYING-IN HOSPT. St., Ward

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

2 FULL NAME ----STEVENSON (TWIN)

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

(a) Residence. State MASS. City or Town WINTHROP No. 115 LORING ROAD St.-

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ---- min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

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

PARENTS

9 NAME OF FATHER: HENRY STEVENSON

10 BIRTHPLACE OF FATHER (city or town): NATICK
(State or country)

11 MAIDEN NAME OF MOTHER: ALICE YOUNG

12 BIRTHPLACE OF MOTHER (city or town): -----
(State or country): N.H.

13 Informant: FATHER
(Address)

14 Filed MAR. 18, 1925 E.W.M. Glennen
Registrar of city or town where death occurred
Filed ----, 1925 Bessie L. Dodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. 13 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAR. 13, 1925, to MAR. 13, 1925, that I last saw h ER alive on MAR. 13, 1925, and that death occurred, on the dated stated above, at 10P m.

The CAUSE OF DEATH was as follows:

PREMATURITY

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) KENNETH C. FARNSWORTH M. D.

(Address)

Date MAR. 13 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: WINTHROP (WINTHROP CEM) (Cemetery) (City or town)

DATE OF BURIAL: MAR. 16, 1925

19 UNDERTAKER: F. E. BROWN

ADDRESS

24—50,000

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

2-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)
Registered No. 2766 (Place of death)
Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. GEN. HOSPT. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DORA SCHNEIDER
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS City or Town WINTHROP No. 108 SHIRLEY St.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
5	11	9	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

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

PARENTS

9 NAME OF FATHER MAX SCHNEIDER

10 BIRTHPLACE OF FATHER (city or town)
(State or country) RUSSIA

11 MAIDEN NAME OF MOTHER ETHEL SCORE

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) RUSSIA

13 Informant M. SCHNEIDER
(Address)

14 Filed MAR. 18, 1925 E. W. McGlenen
Registrar of city or town where death occurred
Filed ____, 1925 Bessie L. Hodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. 15 (Month) (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAR. 12, 1925, to MAR. 15, 1925, that I last saw h ER alive on MAR. 15, 1925, and that death occurred, on the dated stated above, at 2.07 P m.

The CAUSE OF DEATH was as follows:

OTITIS MEDIA (BILATERAL)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) MENINGITIS (STREPTOCOCCIC)

(duration) yrs. mos. 5 ds.

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

Did an operation precede death? YES Date of MAR. 3 & 14 '25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. A. MAC IVER, M. D.

(Address)

Date MAR. 16, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MELROSE (MT. ZION) (Cemetery) (City or town)

DATE OF BURIAL MAR. 16, 1925

19 UNDERTAKER MANUEL STANETSKY

ADDRESS

1-24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-24—50,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 2852 (Place of death)

Registered No. ____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. NEW ENG. BAPTIST HOSPT. St., ____ Ward

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

2 FULL NAME SUSAN M. JOHNSTON

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

(a) Residence. State MASS. City or Town WINTHROP No. WINTHROP ARMS St.

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	59			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) Name of employer

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

PARENTS

9 NAME OF FATHER HORACE G. GIBBS

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country)

11 MAIDEN NAME OF MOTHER JANE L. -----

12 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) N.Y.

13 Informant HUSBAND
(Address)

14 Filed MAR. 20, 1925 E. W. McGlenen
Registrar of city or town where death occurred

Filed ____, 1925 Bessie L. Lodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. 17 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAR. 15, 1925 to MAR. 17, 1925, that I last saw her alive on MAR. 16, 1925, and that death occurred, on the dated stated above, at 4 A. m.

The CAUSE OF DEATH was as follows:

LOBAR PNEUMONIA (RT. BASE)

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) CHR. INT. NEPHRITIS

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

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) H. W. GOODALL, M. D.

(Address) ____

Date MAR. 17, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MT. HOPE CEM. (Cemetery) (City or town)

DATE OF BURIAL MAR. 19 1925

19 UNDERTAKER J. S. WATERMAN & SONS

ADDRESS

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

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

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

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

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

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

RULES OF PRACTICE

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

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

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

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

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

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

V. S. No. 98

1 PLACE OF DEATH

County Suffolk

Township Winthrop.
or
Village
or
City (No. Station Hospital, Fort Banks, Mass. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts.

Registered No.

2 FULL NAME Patrick Henry Dangelo.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White.	Single.

6 DATE OF BIRTH: September (Month) 16 (Day), 1900 (Year)

7 AGE: 24 yrs. 4 mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier,
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Army.

9 BIRTHPLACE (State or country): Massachusetts.

PARENTS

10 NAME OF FATHER: James Dangelo.

11 BIRTHPLACE OF FATHER (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Anna Latanso.

13 BIRTHPLACE OF MOTHER (State or country): Italy.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Thomas Dangelo,

(Address) 70 Hawthorne St. Newton, Mass.

15

Filed [illegible] 191__

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 18 (Day), 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1925 to March 18th, 1925 that I last saw him alive on March 18th, 1925 and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Oedema, of lungs acute. (Duration) ____ yrs. ____ mos. 5 ds.

Contributory (Secondary) Pneumonia, bronhho, hemolytic Streptococcic infection. (Duration) ____ yrs. ____ mos. 5 ds.

(Signed) [signature] Lt. Col. M.C. USA., M. D.

Mar. 18, 1925 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 8 ds. In the State 24 yrs. 4 mos. 2 ds.

Where was disease contracted, if not at place of death? Army Base, Boston 9, Mass.

Former or usual residence Army Base, Boston 9, Mass.

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Calvary Cemetery, Malden	Mar. 21, 1925
20 UNDERTAKER: Mass. C. A. Bennison.	ADDRESS: Winthrop, Mass.

11—3184

H. C. Daniels M.D. Health officer 3/20/25 881

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

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

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 4 Paine St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel E. McGillicuddy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 4 Paine St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Catherine A.—

6 AGE: Years 86; Months —; Days —; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work:
(b) Name of employer: Retired

8 BIRTHPLACE (City) (State or country): Boston

PARENTS

9 NAME OF FATHER: Owen
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Mary Meara
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Daughter
(Address): 4 Paine St.

14 Filed 3-22-25 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Official position: Asst Registrar. Date of issue of permit 3-22-25. Permit NO. 842

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March (Month) 19 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 2, 1924, to March 19, 1925, that I last saw h[e] alive on Mar 17, 1925, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) 2 yrs. ___ mos. ___ ds.

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

17 Where was disease contracted if not at place of death?
Did an operation precede death? No FOR WHAT Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) G. [illegible] Simpson, M. D.
(Address) 409 Commonwealth Ave Boston
Date Mar 17 (Month) (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary (Cemetery) Cambridge (City or town)
DATE OF BURIAL: 3-22-25

19 UNDERTAKER: A. J. McEachern
ADDRESS: Boston

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

4-2M

2 23-200,000

March 19, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 218 Court Rd Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Jane Wiggin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 218 Court Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced HUSBAND of (or) WIFE of Edwin R. Wiggin

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	93	5	2	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Buxton Me
(State or country)

PARENTS

9 NAME OF FATHER Samuel Bradley

10 BIRTHPLACE OF FATHER (City) Fryeburg Me
(State or country)

11 MAIDEN NAME OF MOTHER Jane M. Lane

12 BIRTHPLACE OF MOTHER (City) [redacted] Buxton Me
(State or country)

13 Informant Elizabeth L. Coolidge
(Address) 218 Court Rd Winthrop

14 Filed (Month) 3 (Day) 24/25 (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March (Month) 20 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 1923, to March 20, 1925, that I last saw h[er] alive on March 20, 1925, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH was as follows:

Cardiac Insufficiency

6 Years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis

(duration) 5 yrs. mos. ds

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

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Henry F. Pillsbury M. D.

(Address) 103 Mt. Vernon St

Date March 20 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Lawn Hill Cem Me
(Cemetery) (City or town)

DATE OF BURIAL 3/23/25

19 UNDERTAKER Chas A. Bennett

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [signature] M.D.

Official position Health Officer Date of issue of permit 3/23/25 Permit NO. 883

March 20, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

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

State cause for which surgical operation was undertaken.

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

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

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

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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

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

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

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

RULES OF PRACTICE

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

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

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

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

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wenham (City or town)

1 PLACE OF DEATH
County Wenham State Mass Registered No.
City or Town Suffolk No. Commy - Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Stillborn) Waldo
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 176 Woodside St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 AGE: Years | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here: Still Born

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer

8 BIRTHPLACE (City) Wenham
(State or country) Mass

PARENTS

9 NAME OF FATHER Henry S Waldo

10 BIRTHPLACE OF FATHER (City) Wenham
(State or country)

11 MAIDEN NAME OF MOTHER Catherine Creighton

12 BIRTHPLACE OF MOTHER (City) Wenham Mass
(State or country)

13 Informant Father
(Address) 176 Woodside ave Wenham

14 Filed 3 24 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 22 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
3/22, 1925, to 3/22, 1925,
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH was as follows:
Stillborn

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

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

17 Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? ✓

(Signed) O Ray Worthington M. D.
(Address) Wenham Mass
Date March 24 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Wenham Wenham
(Cemetery) (City or town)
DATE OF BURIAL 3/25/25

19 UNDERTAKER
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Official position [illegible] Date of issue of permit 3 24 25 Permit NO. [illegible]

March 22. 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

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

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Name, Cora A. Monroe

Place of Death, Laconia, N.H.

No. 29 Gilford Ave. Street

Ward, ... Village, ...

How long a resident, 5 months

Previous residence, Winthrop, Mass.

If death occurred at an institution give name of same

.....

How long an inmate, ...

Where from, ...

Date of Death: Year, 1928 Month, 3 Day, 24

Age: Years, 78 Months, 2 Days, 23

Place of Birth Boston, Mass.

Date of Birth: Year, 1849 Month, 12 Day, 31

Sex, Female Color, White Married, Single, Widowed or Divorced. Widowed

Occupation, ...

Cause of Death, Angina Pectoris

..... Duration, ...

Contributing Cause, Valvular Heart Disease

..... Duration, ...

Name of Father, Henry Moore

Maiden Name of Mother, Emma Chase

Birthplace of Father, Boston Mass.

Birthplace of Mother, Leominster Mass.

Occupation of Father, Dyer

(Record continued over.)

8167

Mar. 24. 1925

Deceased was wife of .....

Widow of .....

.....

Name of physician (or other person) reporting said death, ...H.True M.D.

P. O. Address, Laconia, N.H.

Place of Interment, Boston, Mass.

Date of Interment, March 27, 1925

Name of Cemetery, Massachusetts Crematory

Undertaker, L.H.Wilkinson

P. O. Address, Laconia, N.H.

The State of New Hampshire

I hereby certify that the above death record is correct to the best of my knowledge and belief.

Earl Flanders

Laconia, N.H.

Clerk of .....

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

0305 R.

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 1020 Shirley St, ~~Winthrop~~
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Dorey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1020 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Mail	White	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Nellie

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer
(b) Name of employer

8 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

9 NAME OF FATHER Michael

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Rose Dorey

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Wife
(Address) 1020 Shirley St

14 Filed Apr. 6 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 27 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1925, to March 24, 1925,
that I last saw him alive on March 24, 1925,
and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH was as follows:

Cancer of lung
only saw him once
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Valvular heart disease
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) H. J. Soule, M. D.
(Address) 180 Winthrop St Winthrop
Date March 27 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop
(Cemetery) (City or town)

DATE OF BURIAL
Mar 28 1925

19 UNDERTAKER W. E. Tirk

ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position Asst. Registrar Date of issue of permit 3/27/25 Permit No. 225

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

4-20M.
2-23-200,000

March 27, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

4-20M
2-23-200,000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 81 Fremont St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E Reese
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 81 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John J

6 AGE 45 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland

PARENTS

9 NAME OF FATHER Daniel Quinn

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Annie Nolan

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant John J Reese
(Address) 81 Fremont St, Winthrop

14 Filed Apr 1 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 28 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1923, to March 28, 1925, that I last saw h alive on March 27, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Clinical

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Mass

Date March 28 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery (Cemetery) (City or town) DATE OF BURIAL Mar 30 25

19 UNDERTAKER Frederick H Tapp ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued K. C Daniels Official position Health Officer Date of issue of permit 3/32/25 Permit NO. 280

March 28. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died:...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. (Place of death) Registered No. 3397 (Place of residence)

City or Town Boston No. , CITY HOSPT. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHESTER E. FIELD (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 WASHINGTON AVE St., Ward. WINTHROP, MASS. (If non-resident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	W	DIV.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	9	11	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: MACHINIST
(b) Name of employer:

8 BIRTHPLACE (city or town) -----
(State or country) ME.

PARENTS

9 NAME OF FATHER MILLARD F. FIELD

10 BIRTHPLACE OF FATHER (city or town) -----
(State or country) ME.

11 MAIDEN NAME OF MOTHER LAURA E. BRACKET

12 BIRTHPLACE OF MOTHER (city or town) LEWISTON
(State or country) ME.

13 Informant: MOTHER
(Address)

14 Filed APR. 3, 19 25 E. W. McGlenen
Registrar of city or town where death occurred

Filed ..., 19 ...
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) MAR. (Day) 29, (Year) 1925

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

VERONAL POISONING-ACCIDENTAL
ALCOHOLISM

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) TIMOTHY LEARY, M.D.

(Address) BOSTON
SUFFOLK

Medical Examiner for

Date (Month) MAR. (Day) 31, (Year) 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: WINTHROP (WINTHROP CEM.) | DATE OF BURIAL (Month) APR. (Day) 2, (Year) '25

19 UNDERTAKER: W. T. WHITE | ADDRESS: WINTH.

20 Burial permit issued by

Official position

21 Date of issue

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mar. 29, 1925

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~1925~~ 1926
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Winthrop~~ No. 24 Irwin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas W. McLean
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 24 Irwin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months 1 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Chelsea Mass
(State or country)

PARENTS

9 NAME OF FATHER Harold W. J. McLean
10 BIRTHPLACE OF FATHER (City) East Boston Mass
(State or country)
11 MAIDEN NAME OF MOTHER Emma D. Ferrio
12 BIRTHPLACE OF MOTHER (City) Chelsea Mass
(State or country)

13 Informant Harold W. J. McLean
(Address) 24 Irwin St Winthrop Mass

14 Filed Dec 6 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 30 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 4th, 1925, to March 30, 1925, that I last saw him alive on March 30, 1925, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:
Septicemia a few days

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? Chelsea Memorial Hosp
Did an operation precede death? FOR WHAT? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Multiple abscesses

(Signed) Harry E. Pheasant, M. D.
(Address) 726 Boylston St Boston
Date March 30 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL April 1, 1925

19 UNDERTAKER William A. Freeman
ADDRESS 537 E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Asst Registrar
Date of issue of permit 3/30/25
Permit NO. 527

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-20M-
-23-200,000

March 30, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4-24—50,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 3340 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. CHAR. E. & E. INF. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLES BARLOW

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 3 JOHNSON TER. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of LUCY G

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60		27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AGENT. STAN. OIL. CO.
(b) Name of employer

8 BIRTHPLACE (city or town) MIDDLETOWN
(State or country) CONN.

PARENTS

9 NAME OF FATHER LEWIS N.

10 BIRTHPLACE OF FATHER (city or town) SANDWICH
(State or country)

11 MAIDEN NAME OF MOTHER BETHSHEBA HOWARD

12 BIRTHPLACE OF MOTHER (city or town) SANDWICH
(State or country)

13 Informant WIFE
(Address)

14 Filed APR. 2, 1925 E. W. McGlenen
Registrar of city or town where death occurred
Filed May 16, 1925 Bessie L. Dodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. 30 (Month) (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAR. 30, 19 25 to MAR. 30, 1925, that I last saw h IM alive on MAR. 30, 1925, and that death occurred, on the dated stated above, at 11.35P m.

The CAUSE OF DEATH was as follows:

DIABETES

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ERYSIPELAS -- COMA

(duration) yrs. mos. 2 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of MAR. 24

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. FREMONT-SMITH, M. D.

(Address)

Date MAR. 30, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP CEM.)
(Cemetery) (City or town)

DATE OF BURIAL APR. 2, 1925

19 UNDERTAKER C. R. BENNISON

ADDRESS WINTHROP

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 86 Johnson Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richmond Grant Stocker Date Capt. ~~Retired~~ Pioneer Left
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 86 Johnson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE~~ of Mary Bonnell Stocker

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	25	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country Mass

PARENTS

9 NAME OF FATHER Grant Richmond
10 BIRTHPLACE OF FATHER (City) " "
(State or country)
11 MAIDEN NAME OF MOTHER " "
12 BIRTHPLACE OF MOTHER (City) " "
(State or country)

13 Informant Mary B. Stocker
(Address) Winthrop Mass

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 1 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Feb 2, 1925, to Apr. 1, 1925,
that I last saw h~~im~~ alive on Apr. 1, 1925
and that death occurred, on the date stated above, at 2 a. m.
The CAUSE OF DEATH was as follows:
Endocarditis acuta
(duration) yrs. mos. 15 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) T. W. Layton, M.D.
(Address) Winthrop Mass
Date Apr. (Month) 1 (Day), 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Mt Auburn Crematory
(Cemetery) (City or town)
DATE OF BURIAL April 4

19 UNDERTAKER C. F. Eastman Co
ADDRESS 886 Harrison Ave

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.
Official position Health Officer Date of issue of permit 4/4/25 Permit No. Boston 888

April 1, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 320 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rev. John. F. Griffin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 320 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clergyman
(b) Name of employer

8 BIRTHPLACE (City) Canton
(State or country) Mass

PARENTS

9 NAME OF FATHER Patrick

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland.

11 MAIDEN NAME OF MOTHER Margaret Boyle

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland.

13 Informant Rev John O'Brien
(Address) 320 Winthrop St.

14 Filed April 7 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Agent for Undertaker Date of issue of permit April 7, 1925 Permit No. 8 5 1

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 3 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 31, 1925, to April 3, 1925, that I last saw h[illegible] alive on April 3, 1925 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) ___ yrs. ___ mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Finnerty M. D.
(Address) 367 Mystic St Ips
Date April 4, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
St. Marys (Cemetery) Canton (City or town)

DATE OF BURIAL April 4 1925

19 UNDERTAKER John F. O'Maley

ADDRESS Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Northampton
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Hampshire State Registered No. Registered No.

City or Town Northampton (Place of death) No. U. S. Veterans' Hospital-7 Ward (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret E. Twohig

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward. Winthrop Mass.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years 3 months 21 days How long in U. S., if of foreign birth? 15 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	11	10	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Nurse

(b) Name of employer: U.S. Veterans' Hos.

8 BIRTHPLACE (city or town) Halifax
(State or country) N. S., Canada

PARENTS

9 NAME OF FATHER Andrew Twohig

10 BIRTHPLACE OF FATHER (city or town) Halifax
(State or country) N. S., Canada

11 MAIDEN NAME OF MOTHER Mary Brennan

12 BIRTHPLACE OF MOTHER (city or town) Dartmouth
(State or country) N. S., Canada

13 Informant Hospital Records and
(Address) Mrs. Beatrice Gray - Winthrop

14 Filed Apr. 7, 1925 [signature] Registrar of city or town where death occurred

Filed Apr. 9, 1925 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 6 (Day), 1925 (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Probably Apoplexy
(sudden death)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) Edward W. Brown, M.D.

(Address) Northampton

Medical Examiner for 1st Hampshire District

Date April (Month) 6 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: New Calvary Cem.-Boston

DATE OF BURIAL: Apr. 9, 1925 (Month) (Day) (Year)

19 UNDERTAKER: R. E. Edwards

ADDRESS: 60 King St.

20 Burial permit issued by George R. Turner

Official position Agt. Bd. Health

21 Date of issue Apr. 7

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he **shall forthwith go to the place where the body lies and take charge of the same.** . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) . . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — ***General Laws, Chap. 38, Sect. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

April 6, 1925

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2. 100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 29 Moore St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hanne Schwartz
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 29 Moore St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 7 months days. How long in U. S., if of foreign birth? 25 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry

6 AGE 52 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Russia

PARENTS

9 NAME OF FATHER Leon Kritsick
10 BIRTHPLACE OF FATHER (City) (State or country) Russia
11 MAIDEN NAME OF MOTHER Mary Cannot be learned
12 BIRTHPLACE OF MOTHER (City) (State or country) Russia

13 Informant Rae Schwartz
(Address) 29 Moore St

14 Filed Apr. 27/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 6th, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 6 5a.m., 1925 to April 6 10a.m., 1925,
that I last saw h e alive on April 6, 1925,
and that death occurred, on the date stated above, at 9:30 p.m.
The CAUSE OF DEATH was as follows:
Cerebral hemorrhage.

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis & chronic myocardial degeneration
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No (FOR WHAT) Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Jacob Abrams, M.D.
(Address) 962 Shirley St. Winthrop, Mass.
Date April 6 (Month) (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Everett, Jewish Cem (Cemetery) (City or town)
DATE OF BURIAL April 7th 192

19 UNDERTAKER Manuel Stanetsky
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position
Date of issue of permit 4-7-25
Permit No. 89

April 6, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 22 Washington Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Francis Fuller
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22 Washington Ave Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Widowed

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Juliette A.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	2	1	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer

8 BIRTHPLACE (City) South Wareham
(State or country) mass.

PARENTS

9 NAME OF FATHER James H. Fuller

10 BIRTHPLACE OF FATHER (City) South Paris
(State or country) Maine

11 MAIDEN NAME OF MOTHER Mary K. Hathaway

12 BIRTHPLACE OF MOTHER (City) South Wareham
(State or country) mass.

13 Informant Mrs. Johnson
(Address) 22 Washington Ave

14 Filed ___ (Month) 7 (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 7 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 2, 1925, to April 7, 1925, that I last saw h sis alive on April 7, 1925, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH was as follows:

Chronic Brights disease

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms: Chemical, urine

(Signed) [illegible] M. D.

(Address) 32 [illegible]

Date April (Month) 7 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Littleton Littleton
(Cemetery) (City or town)

DATE OF BURIAL Apr. 9, 25

19 UNDERTAKER Frank E. Brown

ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels M.D.

Official position Health Officer Date of issue of permit 4/9/25 Permit No. 892

April 1, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 34, Thornton Park St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rachel Larkin.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 34 Thornton Park St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years 61 | Months 3 | Days 10 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER: James Parkin
10 BIRTHPLACE OF FATHER (City)
(State or country): Ireland.
11 MAIDEN NAME OF MOTHER: Rachel Warnock
12 BIRTHPLACE OF MOTHER (City)
(State or country): Boston Mass

13 Informant: Mrs. J. P. Kelly (sister)
(Address) 34 Thornton Park

14 Filed Apr 27/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: April 7 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
May, 1924, to April 7, 1925,
that I last saw h— alive on April 6, 1925,
and that death occurred, on the date stated above, at 7.30 A m.
The CAUSE OF DEATH was as follows:
Carcinoma of
Stomach
(duration) 2 yrs. 6 mos. — ds.
CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? X Ray
(Signed) Oswald E Johnson M. D.
(Address) 128 Winthrop
Date April 8 1925; Winthrop Mass
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodlawn Everett
(Cemetery) (City or town)
DATE OF BURIAL: Apr. 9, 1925

19 UNDERTAKER: Charles R. Bennerson
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. [signature illegible]
Official position Asst. Clerk Date of issue of permit Apr 9 1925 Permit NO. 1

April 7, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ (City or town)

Registered No. ~~[illegible]~~

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston [illegible] No. [illegible] St., [illegible] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Minchin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. [illegible] St., [illegible] Ward. Everett. Mass.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred [illegible] years [illegible] months [illegible] days. How long in U. S., if of foreign birth? 25 years [illegible] months [illegible] days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work [illegible]

(b) Name of employer

8 BIRTHPLACE (City)

(State or country) Ireland.

PARENTS

9 NAME OF FATHER Richard Minchin.

10 BIRTHPLACE OF FATHER (City)

(State or country) Ireland.

11 MAIDEN NAME OF MOTHER [illegible]

12 BIRTHPLACE OF MOTHER (City)

(State or country) Ireland.

13

Informant [illegible] Minchin (Brother)

(Address) [illegible] Everett. Mass.

14

Filed [illegible] 2 [illegible]

(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 8 1925

(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from April 6, 1925, to April 8, 1925, that I last saw h er alive on April 7, 1925, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of uterus

(duration) ___ yrs. 8 mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? ___ FOR WHAT? Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Edward J. Granger, M. D.

(Address) 7 Winter St.

Date Apr. 8 1925

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER [illegible]

ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible]

Official position Health Officer Date of issue of permit 4 9 '25 Permit No. [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

4-20M.
3-23-200,000

April 6, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH — Winthrop. (City or town)
County Suffolk. State Mass. Registered No.
~~City or~~ Town Winthrop No. 51 Fremont St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alonzo Fleming Coggins.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 51 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Margarette L. Coggins

6 AGE — Years: 61 | Months: 10 | Days: 12 | If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Capt. Winthrop
(b) Name of employer: F.D. Dept.

8 BIRTHPLACE (City) Ellsworth.
(State or country) Maine

PARENTS

9 NAME OF FATHER: William Coggins

10 BIRTHPLACE OF FATHER (City): Lubec
(State or country): Maine

11 MAIDEN NAME OF MOTHER: Abbie F. Eldridge

12 BIRTHPLACE OF MOTHER (City): Harwich
(State or country): Mass

13 Informant: Margarette L. Coggins wife
(Address) 51 Fremont St

14 Filed ____ (Month) ____ (Day) ____ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 11, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to April 11, 1925, that I last saw h[im] alive on April 10, 1925, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows:

Pulmonary T.B.

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Dunham, M. D.
(Address) 326 Lincoln St
Date April 13 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Apr. 14, 25

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels M.D. Official position Health Officer Date of issue of permit 4. 14. 25 Permit NO 89

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-20M

-83-200,000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 6 Clifton Park N. Y. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward J. Murphy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Pleasant St St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	34	2	1	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Driller
(b) Name of employer

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

9 NAME OF FATHER Eugene

10 BIRTHPLACE OF FATHER (City) Lunenburg
(State or country) Mass

11 MAIDEN NAME OF MOTHER Mary J. Garrity

12 BIRTHPLACE OF MOTHER (City) Belfin
(State or country) Mass

13 Informant Mrs. E. Murphy
(Address) Pleasant St Winthrop

14 Filed May 1 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 13 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h____ alive on ____, 19__, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) , M. D.
(Address)
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL 5-3-25

19 UNDERTAKER Healy A. Magrath
ADDRESS East Boston

Date of issue of permit MAY 3 1925 Permit No. 6945

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all** deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

7-16-24-10,000 (21-431)

TRANSIT PERMIT

Form VS No. 62

NEW YORK
STATE DEPARTMENT OF HEALTH
ALBANY

☞ ***A Transit Permit and Transit Label issued by the Local Registrar of Vital Statistics must accompany each dead body transported by a common carrier.—Rule 1.***

☞ Always write legibly, with durable black ink

UNDERTAKER'S CERTIFICATE

I Hereby Certify that the accompanying dead body of Edward J. Murphy who died in the Vischer Ferry (City, Village or Town) of Clifton Park, County of Saratoga, State of New York, on April 13 1925, Sex male, Color or race White, Age 34 years 2 months 1 days, and Cause of Death Accidental Drowning has been prepared for transportation strictly in accordance with RULE 4 (State number of Rule) as printed with this blank. Date of shipment May 2 1925, Route of shipment Point of shipment Troy, N.Y., Point of destination North Boston, Mass.

(Signature of Undertaker) Brower Van Vranken

Dated May 2 1925 Address Vischer Ferry N.Y.

PERMIT OF LOCAL REGISTRAR

Dist. No. 45-5-2 **Registered No.** 7

Date of issuance May 2nd 1925

A satisfactory Certificate of Death for above decedent having been filed and recorded in my office, PERMISSION IS HEREBY GRANTED FOR THE REMOVAL AND SHIPMENT OF THE BODY.

(Signature of Local Registrar) Mary E. Peck

Local Registrar of the Town (City, Village or Town) of Clifton Park, County of Saratoga, State of New York.

☞ ***Only the Local Registrar (Deputy or Subregistrar) can issue a Burial, Removal or Transit Permit***

☞ **Detach here and give part *above* to escort or attach to waybill if shipped by express**

ENDORSEMENT OF SEXTON OR PERSON IN CHARGE OF PREMISES ON WHICH INTERMENTS OR CREMATIONS ARE MADE

April 13, 1925

Date of ..... **was** ..... **19**.....
(Interment or cremation)

(Signed) .....

Person in charge of .....
(Name of Cemetery, Crematorium, etc.)

Person in charge must return this Permit to Registrar of his District within SEVEN (7) DAYS from above date. If no person is in charge, the UNDERTAKER MUST SIGN ABOVE STATEMENT, write across the face of the Permit the words " No person in charge," and FILE PERMIT WITHIN THREE (3) DAYS with Registrar of District in which cemetery is located.

EXTRACTS FROM LAWS OF 1913, CHAPTER 619, ARTICLE 20

§ 379. **Duties of undertaker.** In each case the undertaker, or person having charge of the corpse, shall file the certificate of death with the registrar of the district in which the death occurred and obtain a burial or removal permit prior to any disposition of the body. * * * The undertaker shall deliver the burial permit to the person in charge of the place of burial, before interring or otherwise disposing of the body; or shall attach the removal permit to the box containing the corpse, when shipped by any transportation company; **said permit to accompany said corpse to its destination, where, if within the State of New York, it shall be delivered to the person in charge of the place of burial.**

§ 380. **Duties of undertakers; interment within the state.** If the interment, or other disposition of the body is to be made within the state, the wording of the burial or removal permit may be limited to a statement by the registrar, and over his signature, that a satisfactory certificate of death, having been filed with him, as required by law, permission is granted to inter, remove or dispose otherwise of the body, stating the name, age, sex, cause of death, and other necessary details upon the form prescribed by the commissioner of health.

§ 381. **Interments.** No person in charge of any premises on which interments or cremations are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as herein provided. Such person shall endorse upon the permit, the date of interment, or cremation, over his signature, and shall return all permits so endorsed to the registrar of his district within seven days from the date of interment or cremation. He shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the undertaker; which record shall at all times be open to official inspection, provided that the undertaker or person having charge of the corpse, when burying a body in a cemetery or burial ground having no person in charge, shall sign the burial or removal permit, giving the date of burial, and shall write across the face of the permit the words, " No person in charge," and file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

☞ **SEXTONS and UNDERTAKERS violating the law relative to the return of permits are liable to a penalty of NOT LESS THAN FIVE DOLLARS NOR MORE THAN FIFTY DOLLARS FOR THE FIRST OFFENSE. The law will be enforced. Local Registrars are required, under penalty, to report violations thereof.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. Public Community Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Daly.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 34 Perkins St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years — Months — Days — If LESS than 1 day, ___ hrs. or 5 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Charles
10 BIRTHPLACE OF FATHER (City) Woburn
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Helen I Daly
12 BIRTHPLACE OF MOTHER (City) Grosvenor's Corner
(State or country) Can.

13
Informant Charles Daly
(Address) 34 Perkins St

14
Filed (Month) 2/25 (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 14 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 14, 1925, to April 14, 1925, that I last saw h[illegible] alive on April 14, 1925, and that death occurred, on the date stated above, at 12-15 A m.

The CAUSE OF DEATH was as follows:

Anencephalus

(duration) ___ yrs. ___ mos. ds.

CONTRIBUTORY (SECONDARY) mother has uterine fibroids

(duration) ___ yrs. ___ mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Calvert Astrin, M. D.
(Address) 150 Shore Drive
Date April (Month) 14, (Day) (1925) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
St Michaels Boston
(Cemetery) (City or town)
DATE OF BURIAL 4/17/25

19 UNDERTAKER [illegible]
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M. D.
Official position Health Officer Date of issue of permit 4/16/25 Permit NO 895

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

6-25 100000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 87 Herman St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elvira S. Healy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 87 Herman St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Oscar D. Healy

6 AGE: Years 84 Months 8 Days 21 If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer

8 BIRTHPLACE (City) Thomaston
(State or country) Maine

PARENTS

9 NAME OF FATHER: Unknown

10 BIRTHPLACE OF FATHER (City) "
(State or country) "

11 MAIDEN NAME OF MOTHER "

12 BIRTHPLACE OF MOTHER (City) "
(State or country) "

13 Informant Mr Fred Healy
(Address) 181 Pleasant St, Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 17 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 11, 1925, to April 17, 1925
that I last saw h alive on April 17, 1925
and that death occurred, on the date stated above, at 11.50 P. m.
The CAUSE OF DEATH was as follows: Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 3 ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? No Date of
Was there an autopsy? No If Under One Year, Was Baby Breast Fed
What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) 36 [illegible]
Date April 19 (Month) (Day) (Year) 25

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery) Everett (City or town) DATE OF BURIAL: April 17

19 UNDERTAKER: Charles A. Rollins ADDRESS: E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels
Official position Health Officer Date of issue of permit 4-16-25 Permit No. 890

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

2-10 [illegible]
4-23 100 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . .until he has received a permit from the board of health or its agent. . .or. . . from the clerk of the town where the person died;. . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . .a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized** disease, and those of persons **found dead.**

R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

SALEM
(City or town)

1 PLACE OF DEATH

Registered No. _____ (Place of death)

County Essex State Mass.

Registered No. _____ (Place of residence)

City or Town Salem No. 249 Lafayette St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Marion Colton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. 45 Atlantic St St.
(Usual place of abode)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W Colton

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	75	4	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Invalid
(b) Name of employer

8 BIRTHPLACE (city or town) Peabody Mass
(State or country)

PARENTS

9 NAME OF FATHER Alfred Taylor

10 BIRTHPLACE OF FATHER (city or town) Stoddard
(State or country) N. H.

11 MAIDEN NAME OF MOTHER Azebath Mayhew

12 BIRTHPLACE OF MOTHER (city or town) Peabody
(State or country) Mass,

13 Informant Charles Colton
(Address) Winthrop

14 Filed 4/ 14/25, 19 _____ Registrar of city or town where death occurred
Filed _____, 192 _____ Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr 14, 1925
(Month) (Day), (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from
Apr 1, 1925, 19____, to Apr 14, 1925, 19____,
that I last saw her alive on April 13, 1925, 19____,
and that death occurred, on the date stated above, at 7.15A m.
The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Signs

(Signed) J. Frank Donaldson, M.D.
4/16/, 25 (Address) Salem

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Woodlawn ~~Winthrop~~ Everett

DATE OF BURIAL 4/16/25

19 UNDERTAKER C. R Barris

ADDRESS Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

E Jaffrey N.H. Notified

E. Winthrop BOSTON (City or town)

Registered No.

1 PLACE OF DEATH
County Suffolk State Massachusetts
City or Town ~~Boston~~ Winthrop No. 75 Walden St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie E. Torrey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. East Jaffrey N. H. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John Torrey

6 AGE Years 68 Months Days If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) Name of employer At home

8 BIRTHPLACE (City) (State or country) Ireland

PARENTS
9 NAME OF FATHER James Shuley
10 BIRTHPLACE OF FATHER (City) (State or country) Ireland
11 MAIDEN NAME OF MOTHER Unkown
12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant John Torrey
(Address) East Jaffrey N.H

14 Filed Apr 21 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 17 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 17, 1925, to April 17, 1925, that I last saw h alive on April 17, 1925, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH was as follows:

Angina pectoris

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ~~No~~ FOR WHAT? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C Twomey, M. D.
(Address) 35 Winthrop St
Date April 17 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL April 20 25

19 UNDERTAKER William A. Treanor
ADDRESS 213

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued F. C. Daniels M. D.
Official position Health Officer Date of issue of permit April 8, 25 Permit No. 897

4-20M

2-23-200,000

April 7, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK– THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No.

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town ~~Boston~~ Winthrop No. 30 Marshall St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna A. McLean

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Marshall St., Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 years months days. How long in U. S., if of foreign birth? 39 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
59	8	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse

(b) Name of employer

8 BIRTHPLACE (City) New Brunswick

(State or country)

PARENTS

9 NAME OF FATHER William McLean

10 BIRTHPLACE OF FATHER (City) New Brunswick

(State or country)

11 MAIDEN NAME OF MOTHER Sarah Marks

12 BIRTHPLACE OF MOTHER (City) New Brunswick

(State or country)

13 Informant Anna Amadon

(Address) South Acton Mass

14 Filed 4 27 / (Month) (Day) / (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued L. C. Daniels 9-15

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 18 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apl 17, 1925, to Apl 18, 1925, that I last saw h alive on Apl 18, 1925, and that death occurred, on the date stated above, at 2.40 p m.

The CAUSE OF DEATH was as follows:

Diabetes Coma

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Diabetes

(duration) 8 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy? If Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed) Alex L McLaren, M. D.

(Address) 241 Commercial

Date Apl 18 1925 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrops (Cemetery) Winthrop (City or town)

DATE OF BURIAL April 21, 25

19 UNDERTAKER Charles A Rollins

ADDRESS Boston

Official position Health Office Date of issue of permit 4/21/25 Permit No. 898

April 18. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No. 176 Shore Drive St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Pompeo
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 176 Shore Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred — years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
—	—	—	

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER John Pompeo

10 BIRTHPLACE OF FATHER (City)
(State or country) Italy

11 MAIDEN NAME OF MOTHER Alvina Vacca

12 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

13 Informant John Pompeo
(Address) 176 Shore Drive

14 Filed Apr 27/25
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued E. O. Daniels
Official position Asst. Clerk Date of issue of permit 4/21/25 Permit NO. 117

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 18th 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h ____ alive on ____, 19__, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi E. Morelli M. D.

(Address) 294 Hanover St. Boston

Date April 9 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 4/21/25

19 UNDERTAKER Chas R Penniman
ADDRESS Winthrop

4-23100000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk.. a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winchester No. 44 Prospect ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Johannette Clara Flora, Grosser
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 44 Prospect ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Widow

5a If married, widowed ~~or divorced~~
HUSBAND of
(or) WIFE of Herman. T. Grosser

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	1	12	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Hugo, Wieczorak

10 BIRTHPLACE OF FATHER (City) Germany
(State or country)

11 MAIDEN NAME OF MOTHER Clara, Grosser

12 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

13 Informant Flora. H. Grosser
(Address) 44 Prospect ave Winchester

14 Filed Apr 8 '25
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Danielly M. D. Official position Deputy Asst Register Date of issue of permit 4-22-25 Permit No. 9 T

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr (Month) 21 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1925, to Apr 21, 1925, that I last saw her alive on Apr. 20, 1925, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY arteriosclerosis
(SECONDARY)

(duration) 10 yrs. mos. ds

17 Where was disease contracted if not at place of death? Melrose Mass

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laparotomy

(Signed) Roy Wharton M. D.

(Address) Winthrop Mass

Date Apr. 22 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Forestdale Malden
(Cemetery) (City or town)

DATE OF BURIAL 4/23/25

19 UNDERTAKER C. R. Remmon

ADDRESS Winchester

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.– WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 203 Woodside ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Rozell) Baby Rozell
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 203 Woodside ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Winthrop Mass

PARENTS

9 NAME OF FATHER Charles O. Rozell

10 BIRTHPLACE OF FATHER (City)
(State or country) Lyons N.Y.

11 MAIDEN NAME OF MOTHER Fannie A. Hoxsey

12 BIRTHPLACE OF MOTHER (City)
(State or country) Winthrop Mass

13 Informant Fannie A. Rozell
(Address) 203 Woodside ave

14 Filed April 27 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 23 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from never, 19___, to ___, 19___, that I saw h er alive on ___, 19___, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Stillborn
Premature 7 months
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date April 23 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 4/28/25

19 UNDERTAKER Chas R Penniman
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Health Officer
Date of issue of permit
Permit No.

April 25, 1?

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . .(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Newton (City or town)

1 PLACE OF DEATH Registered No. 214 (Place of death)

County Middlesex State Massachusetts Registered No. (Place of residence)

City or town Newton No. Newton Hospital St., 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Leslie Larkin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 42 Loring Road St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 AGE Years	Months	Days	If LESS than 1 day 12 hrs. or ---- min.
-	-	-	

If STILLBORN, enter that fact here ----

7 OCCUPATION OF DECEASED --

(a) Trade, profession, or particular kind of work

(b) Name of employer --

8 BIRTHPLACE (city or town) Newton,

(State or country) Mass.

PARENTS

9 NAME OF FATHER James L. Larkin

10 BIRTHPLACE OF FATHER (city or town) Everett,

(State or country) Mass.

11 MAIDEN NAME OF MOTHER Lillian F. Buck

12 BIRTHPLACE OF MOTHER (city or town) Newton,

(State or country) Mass.

13 Informant James L. Larkin,

(Address) 42 Loring Rd. Winthrop.

14 Filed May 4, 1925 [signature]

Registrar of city or town where death occurred

Filed May 12, 1925

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 26, 1925 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 26, 1925, to April 26, 1925,

that I last saw h-- alive on April 26, 1925,

and that death occurred, on the dated stated above, at 7.30 m.

The CAUSE OF DEATH was as follows:

Cord around neck
causing asphyxia.

? (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Atelectasis 12 hours

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? --

Did an operation precede death? No Date of --

Was there an autopsy? No

What test confirmed diagnosis? Percussion & auscultation of chest.

(Signed) Nathaniel P. Mason, M. D.

(Address) 483 Beacon St. Boston, Mass.

Date April 26, 1925.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Glenwood, Everett, Mass. (Cemetery) (City or town)

DATE OF BURIAL Apr. 28, 1925

19 UNDERTAKER J.E. Henderson

ADDRESS Everett Mass.

124—50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died:...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, **the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

14,157

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk — State Registered No.

City or Town Winthrop — No. 68 Crest Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas J Lawler —

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 208 Cliff Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Mullen

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Henry

10 BIRTHPLACE OF FATHER (City) New York City
(State or country)

11 MAIDEN NAME OF MOTHER Catherine O'Mahony

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Mrs Emma Lawler
(Address) 208 Cliff Ave Winthrop

14 Filed May 11 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 27 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural causes: Presumably cardio-vas-ular disease -

(Found dead on floor of a room in a house owned by him)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) [illegible] M.D.

(Address)

Medical Examiner for

Date April 27 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holyhood - Brookline
(Cemetery) (City or town)

DATE OF BURIAL 4/30/25
(Day) (Year)

19 UNDERTAKER Costello ADDRESS Boston

20 Burial permit issued by [illegible] Official position [illegible]

21 Date of issue 4/29/25 Permit No. 903

10M. 1-21. 3000.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

April 27, 1925

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. 566 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Winthrop Parker
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 566 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years 4 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	X	1	4	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER William Francis Parker

10 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Anna Lyndon

12 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

13 Informant (Father) William R. Parker
(Address) 566 Shirley St.

14 Filed 4/29/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 27 - 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 25, 1925, to April 27 -, 1925, that I last saw h im alive on April 27 -, 1925, and that death occurred, on the date stated above, at 3 A - m.

The CAUSE OF DEATH was as follows:

Acidosis

(duration) ___ yrs. ___ mos. 2 ds.

~~CONTRIBUTORY~~
(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exp

(Signed) Edward J. Granger, M. D.

(Address) 7 Irwin St, Win

Date April 27 - 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL 4/28/25

19 UNDERTAKER ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position Asst. Local Reg. Date of issue of permit 4-28-25 Permit NO. 3[illegible]

April 27, 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

State of Rhode Island.

CHAPTER 121, GENERAL LAWS, 1909.

OF THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES

SEC. 20. The clerk or registrar of each town and city shall on the first day of each and every month make a certified copy of all births, marriages and deaths recorded in the books of said town or city during the previous month, whenever the parents of the child born, or the bride or the groom, or the deceased person, were resident in any other town or city in this State or in any other state at the time of said birth, marriage or death; and shall transmit such certified copies to the clerk or registrar of the town, city or state in which such parents of the child born, the bride or the groom, or the deceased, were resident at the time of said birth, marriage or death, stating in case of a birth, the name of the street and number of the house, if any, where such parents resided, the place of birth of such parents and the maiden name of the mother, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording births, marriages and deaths. Such Certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the state board of health.

COPY OF THE RECORD OF A

DEATH.

recorded in the books of the City (Town or City.) *of* Cranston

during the month of June 19 25

1. Date of Death May 4, 1925
2. Name in FULL Mary Wilhemina Welsh
3. Date of Birth Aug 23, 1859 Age 65 yrs 6 mos 11 dys
4. Place of Death City~~xxxTown~~ Cranston
5. St. or Road & No 149 Shaw Ave
6. Usual Residence 891 Shirley St Winthrop Mass
7. Sex Female Color White
9. (Single, Married, Widowed or Divorced) Widow
10. Name of Husband~~xxxxxx~~ George Welsh
11. Occupation of decedent
12. Place of Birth Stillarton Nova Scotia
13. Father's Name James Macdonald
14. Mother's Name Margaret Macdonald
15. Parents' Birthplace Fa Nova Scotia Mo Nova Scotia
16. Where to be buried Pocasset Cemetery
17. Cause of Death Chronic Myocarditis Cardio-Vascular Renal Insufficiency

Name of Physician Theo C. Hascall

Name of Informant Mrs Frank Schellinger Daughter

Name of Undertaker Frank E. Remington

I certify that the foregoing is a true copy

Attest, Linda A. Smith Jr.

June 3, 19 25 City Clerk. (Town or City.)

June 9, 1925

May 4, 1925

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 156 River Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nora Gertrude Burns
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 156 River Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James H. Burns

6 AGE: Years 58 Months 3 Days 2 If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~At~~ Collector
(b) Name of employer Boston Elevated

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Daniel Crowley
10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
11 MAIDEN NAME OF MOTHER Ellen O'Brien
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Helen Pinkham Daughter
(Address) 156 River Rd Winthrop Mass

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible]

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 5 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 5, 1925, to May 5, 1925, that I last saw her alive on May 5, 1925, and that death occurred, on the date stated above, at 10:15 P.M.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) ..... yrs. mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. mos. ..... ds.

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jacob [illegible] M.D.
(Address) 562 Shirley Street Winthrop, Mass.
Date May 5, 1925 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Lawn Crest (Cemetery) [illegible] (City or town)
DATE OF BURIAL: May 8 1925

19 UNDERTAKER: John H. [illegible]
ADDRESS

Official position
Date of issue of permit
Permit No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 17, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Martin Smith.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 17 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Alice Kaye Smith.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	6	24	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer Bos. Terminal Refrigerating Co

8 BIRTHPLACE (City) Ottumwa
(State or country) Iowa.

PARENTS

9 NAME OF FATHER George W. Smith.

10 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Illinois.

11 MAIDEN NAME OF MOTHER Martha Stokes.

12 BIRTHPLACE OF MOTHER (City) Unable to obtain.
(State or country) Kansas.

13 Informant (Alice K. Smith (wife).
(Address) 17 Winthrop St.

14 Filed ___ (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. ___ Official position Agent

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 7 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to May 7, 1925, that I last saw h~~im~~ alive on May 7, 1925, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows:

Mitral stenosis

(duration) Undetermined yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute gastritis

(duration) ___ yrs. ___ mos. 5 ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? ~~—~~

(Signed) Ray W Layton, M. D.

(Address) Winthrop Mass.

Date May 9 1925 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL May 10, 1925

19 UNDERTAKER Charles P. Brunson

ADDRESS Winthrop

Date of issue of permit May 9. 1925 Permit NO. 907

9-25 100 000

May 7, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. (Place of death) Registered No. 4693 (Place of residence)

City or Town Boston (EAST BOSTON) No. TRACKS B.R.B.& L.R.R. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN T.CALLAGHAN
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 145 MAIN St., Ward. WINTHROP,MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	WID.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MARY KEATING

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: LONGSHOREMAN
(b) Name of employer:

8 BIRTHPLACE (city or town) IRELAND
(State or country)

PARENTS

9 NAME OF FATHER EUGENE CALLAGHAN

10 BIRTHPLACE OF FATHER (city or town) IRELAND
(State or country)

11 MAIDEN NAME OF MOTHER MARGARET REARDON

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant MRS.J.S.MURPHY
(Address)

14 Filed MAY 12, 19 E.W.McGlenen
Registrar of city or town where death occurred

Filed ..., 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) MAY (Day) 7(FOUND) (Year) 1925

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

FRACT.,COMPOUND,(CRUSH OF SKULL,
PRESUMABLY CAUSED BY A STEAM R.R.AC-
CIDENT,FOUND IN TIDEWATER NEAR A
R.R.BRIDGE)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON
SUFFOLK
Medical Examiner for

Date MAY (Month) 8 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: MALDEN(HOLY CROSS)
DATE OF BURIAL: MAY 11 (Month) (Day) (Year)

19 UNDERTAKER: F.H.TAPE
ADDRESS: WINTHROP

20 Burial permit issued by
Official position

21 Date of issue

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) . . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

NOTICE TO UNDERTAKERS: **No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.** — ***General Laws, Chap. 38, Sect. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

May 7. 1925

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop Boston notified No. 307 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cora Ella Grahams
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 329 Adams St., Ward. Dorchr
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: cannot be learned

6 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer

8 BIRTHPLACE (City) Bristol R.I.
(State or country)

PARENTS

9 NAME OF FATHER: Frank
10 BIRTHPLACE OF FATHER (City) Bristol R. I.
(State or country)
11 MAIDEN NAME OF MOTHER: Emma M.
12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant Emma M. Brown
(Address) 329 Adams St Dor.

14 Filed May 21 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 9 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 1, 1924, to May 9, 1925, that I last saw he alive on May 8, 1925, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH was as follows:

Cancer of rectum and uterus and adjacent parts

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY X
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? X

FOR WHAT? Cancer
Did an operation precede death? Yes Date of about a year ago at a hospital

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) F. S. Parsons M. D.

(Address) 367 Adams St Dorchester

Date May 9 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Bridgeport (Cemetery) Conn (City or town)
DATE OF BURIAL: 5 11 25

19 UNDERTAKER: Wilson & Co
ADDRESS: 542 Tremont St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D.
Official position Health Officer
Date of issue of permit 5/9/25
Permit No.

4-2031
2-23-200,000

May 9. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 4713 (Place of death)

Registered No. _____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. CHILDRENS HOSPT. St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SAMUEL BROWN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 30 VILLA St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
1	1		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country)

PARENTS

9 NAME OF FATHER CLINTON C.

10 BIRTHPLACE OF FATHER (city or town) BATTLE CREEK
(State or country) MICH

11 MAIDEN NAME OF MOTHER HAZEL BERKEY

12 BIRTHPLACE OF MOTHER (city or town) SOUTH BEND
(State or country) IND

13 Informant FATHER
(Address)

14 Filed MAY 12, 1925 E.W.M. Glenen
Registrar of city or town where death occurred

Filed _____, 1925 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 9 (Month) (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAY 4, 1925, to MAY 9, 1925, that I last saw h IM alive on MAY 9, 1925, and that death occurred, on the dated stated above, at 5.25A m.

The CAUSE OF DEATH was as follows:

ACRODYNIA

(duration) ____ yrs. 1 mos. ____ ds.

CONTRIBUTORY (SECONDARY) BRONCHO-PNEUMONIA-ABSCESS OF HAND

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? YES

What test confirmed diagnosis? _____

(Signed) W.B.SISSON, M. D.

(Address) _____

Date MAY 9, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: WINTHROP (WINTHROP CE) (Cemetery) (City or town)

DATE OF BURIAL: MAY 11, 1925

19 UNDERTAKER

ADDRESS

24—50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, **the sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

4-20M

7-23-200,000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

Registered No.

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town ~~Boston~~ Winthrop No. 21 Adams St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Abel Ward

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 21 Adams St., Ward.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years 72 Months 11 Days 24 If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Stoughton
(State or country) Mass

PARENTS

9 NAME OF FATHER Benjamin Ward

10 BIRTHPLACE OF FATHER (City) Stoughton
(State or country) Mass

11 MAIDEN NAME OF MOTHER Mary P. Farrington

12 BIRTHPLACE OF MOTHER (City) Canton
(State or country) Mass

13
Informant William J. Lehman
(Address) 21 Adams St, Winthrop Mass

14
Filed (Month) (Day) (Year)
REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 9 (Day) 1925 (Year)

16
I HEREBY CERTIFY, That I attended deceased from April 15, 1925, to May 9, 1925, that I last saw him alive on May 8, 1925, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH was as follows:

Congestion of Lungs

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Fatty degeneration of heart muscle

Unknown (duration) ✓ yrs. ✓ mos. ___ ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No (FOR WHAT) Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Roy W Layton, M. D.

(Address) 186 Winthrop, Winthrop Mass

Date May (Month) 9 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Stoughton (Cemetery) Mass (City or town)

DATE OF BURIAL May 12, 1925

19 UNDERTAKER J. L. Waterman & Sons Inc. Winthrop

ADDRESS Boston

Official position Agent

Date of issue of permit May 9, 1925 Permit No. 900

may 9. 1928

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Dimick Pulsifer
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 149 Lincoln St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 2 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Letitia Pulsifer

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	11	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Daniel Pulsifer

10 BIRTHPLACE OF FATHER (City) Chester, N.S
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Elizabeth Lantz

12 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country) Chester

13
Informant Annie Monroe
(Address) 149 Lincoln St.

14
Filed May 22, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 11 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 6, 1925, to May 11, 1925, that I last saw him alive on May 11, 1925, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

(duration) ___ yrs. 4 mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. B. Parker, M. D.
(Address) Winthrop Mass
Date. May 12 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mansfield Mansfield
(Cemetery) (City or town)

DATE OF BURIAL May 13/25

19 UNDERTAKER C V Bennett

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniell M.D.

Official position, Date of issue of permit May 2 25 Permit NO 9[illegible]

May 11. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

14,189

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 1 Wilshire St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene McCarthy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1 Wilshire St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk Baths

(b) Name of employer

8 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

9 NAME OF FATHER Cornelius

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Ann Cronin

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Catherine McCarthy
(Address) 1 Pleasure St

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 15 (Day) 1925 (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes. Presumably Cardio-vascular disease

(Died suddenly at his home)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Phillips Magnitt, M.D.

(Address)

Medical Examiner for Suffolk

Date (Month) May (Day) 15th (Year) 1925.

18 PLACE OF BURIAL, CREMATION, or REMOVAL: Holy Cross Cemetery (Cemetery) Malden (City or town)

DATE OF BURIAL: (Month) 5 (Day) 18 (Year) 25

19 UNDERTAKER

ADDRESS Winthrop

20 Burial permit issued by H. P. Daniels Official position Health Officer 21 Date of issue 5/16/25 Permit No. 909

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when those are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: **No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Eugene McCarthy
May 15, 1925

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 53 River Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Henley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. 53 River Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mabel

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer

8 BIRTHPLACE (City) Prov.
(State or country) R. I.

PARENTS

9 NAME OF FATHER Henley
10 BIRTHPLACE OF FATHER (City) Prov.
(State or country) R. I.
11 MAIDEN NAME OF MOTHER Cannot be learned
12 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)

13
Informant Mrs. Mabel Henley
(Address) 53 River Rd

14
Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Lamey M.D.
Official position, Health Officer Date of issue of permit 5.18.25 Permit No. 91

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 5 (Month) 17 (Day), 24 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 1-1-25, 1925, to 5/17, 1925,
that I last saw h in alive on 5/17, 1925,
and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage;

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 1 yrs. mos. ds.

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Astelly M.D.

(Address) Prof. Consult

Date 5 (Month) 18 (Day), 25 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Pocasset Prov. R.I.
(Cemetery) (City or town)

DATE OF BURIAL 5/19/25

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

May 17, 1928

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 5027 (Place of death)

Registered No. _____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. PALMER MEM. HOSP'T. St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EMILY ERNST

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 5 IRWIN St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of LOUIS

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	54			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

8 BIRTHPLACE (city or town) ENGLAND
(State or country)

PARENTS

9 NAME OF FATHER MAX MARCUS

10 BIRTHPLACE OF FATHER (city or town) _____
(State or country) GERMANY

11 MAIDEN NAME OF MOTHER MINNIE ADLER

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) GERMANY

13 Informant HUSBAND
(Address)

14 Filed MAY 21, 1925 E. W. McGlenen
Registrar of city or town where death occurred
Filed _____, 1925 Bessie L. Hodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 18 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from APR. 20, 1925, to MAY 18, 1925, that I last saw her alive on MAY 17, 1925, and that death occurred, on the dated stated above, at 11.50 P m.

The CAUSE OF DEATH was as follows:

CARCINOMA LEFT CHEST

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) WM. E. BARNES, M. D.

(Address) _____

Date MAY 19, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) MORUMNI CHEVRA (City or town)

DATE OF BURIAL MAY 21, 1925

19 UNDERTAKER MAYER SOLOMON

ADDRESS

24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

MARION RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
~~City or~~ Town Winthrop No. 227 Court Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Egerton Cousins
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 227 Court Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 years X months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced ~~HUSBAND of~~ ~~(or) WIFE of~~ Mary Jane Cousins

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	6	16	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General Manager
(b) Name of employer Pettingill Andrews Co Boston

8 BIRTHPLACE (City) Everett
(State or country) Mass

PARENTS

9 NAME OF FATHER Leonard Cousins

10 BIRTHPLACE OF FATHER (City) Bath
(State or country) England

11 MAIDEN NAME OF MOTHER Sarah Egerton

12 BIRTHPLACE OF MOTHER (City)
(State or country) England

13 Informant Dorothy Cousins
(Address) 227 Court Road Winthrop

14 Filed ~~May 21 1925~~
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 19 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from ~~Dec.~~ 28, 1923, to May 19, 1925,
that I last saw him alive on May 19, 1925,
and that death occurred, on the date stated above, at 10.20 m.

The CAUSE OF DEATH was as follows:

Chronic Diffuse Nephritis

(duration) 2 yrs. + mos. + ds.

CONTRIBUTORY (SECONDARY) Coronary sclerosis

(duration) ___ yrs. ___ mos. 4 ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No What test confirmed diagnosis? Urine & Phys Ex

(Signed) Henry A Hill M. D.

(Address) 295 Beacon St

Date May 19 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 24/25

19 UNDERTAKER Chas R Cousins
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued A. P. Daniels M.D.

Official position, Health Officer Date of issue of permit 5. 21. 25 Permit No. 94

May 19. 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Solesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

Registered No. 346 (Place of death)

Registered No. ..... (Place of residence)

1 PLACE OF DEATH

County Suffolk State Mass.

City or Town Chelsea No. Memorial Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Morris

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 50 Trident av. St.

(Usual place of abode)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	--	--	--	

If STILLBORN, enter that fact here -Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ---
(b) Name of employer ---

8 BIRTHPLACE (city or town) Chelsea
(State or country) Mass.

PARENTS

9 NAME OF FATHER Benjamin Morris

10 BIRTHPLACE OF FATHER (city or town) ---
(State or country) Russia

11 MAIDEN NAME OF MOTHER Mary Finkelstein

12 BIRTHPLACE OF MOTHER (city or town) ----
(State or country) Russia 5/

13 Informant J.Lasson
(Address) 98 Salem St.

14 Filed 5/24/ 19 25 [signature] Registrar of city or town where death occurred

Filed June 19, 1925 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 23,1925 (Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from May 23, 19 25 to May 23 19 25, that I last saw h--alive on --- 19 ..... and that death occurred, on the date stated above, at 6.30A. m.

The CAUSE OF DEATH was as follows:

Aphyxia Stillborn

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) precipitate delivery

(duration) ..... yrs. ..... mos. ..... ds.

17 Where was disease contracted if not at place of death? ---

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? history & examination

(Signed) John T.Williams, M.D.

23/ 19 25 (Address) 483 Beacon St.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Everett Jewish Cem.

DATE OF BURIAL 5/24/ 19 25

19 UNDERTAKER Manuel Stanetsky

ADDRESS Boston

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. (City or town)
~~City or~~ Town Winthrop No. 32 Elmwood ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Jane Rogers
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 32 Elmwood Ave St., Ward 3
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Nathaniel H. Rogers

6 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	6	14	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife
(b) Name of employer —

8 BIRTHPLACE (City) Waldoboro
(State or country) Maine

PARENTS

9 NAME OF FATHER John Ludwig

10 BIRTHPLACE OF FATHER (City) Waldoboro
(State or country) Maine

11 MAIDEN NAME OF MOTHER Not known

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant Son Milton C. Rogers
(Address) Winthrop Mass

14 Filed June 6 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M. D.
Official position Health Officer Date of issue of permit 5-29-25 Permit No. 913

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 27 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to May 27, 1925,
that I last saw h[illegible] alive on May 27, 1925,
and that death occurred, on the date stated above, at 4:30 P. m.
The CAUSE OF DEATH was as follows:

Acute Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chr. Valvular Heart Disease

(duration) ? yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Personal Observation
(Signed) F. B. Parker, M.D.
(Address) Winthrop Mass
Date May 28 (Month) (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Com. Winthrop Mass
(Cemetery) (City or town)

DATE OF BURIAL 5/27/25

19 UNDERTAKER Walter I Wilde

ADDRESS Winthrop Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No.

City or Town Winthrop No. Fort Banks St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Childs Private, 3rd Signal Corps

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 44 Washington St., Ward. Charlestown Mass

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., If of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	32	5	20	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work U.S.A.
(b) Name of employer U.S. Govt

8 BIRTHPLACE (City) Charlestown
(State or country) Mass.

PARENTS

9 NAME OF FATHER William J. Childs.

10 BIRTHPLACE OF FATHER (City) Boston.
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Marie Alley

12 BIRTHPLACE OF MOTHER (City) Boston.
(State or country) Mass.

13 Informant Mrs Viola Culisio
(Address) 46 Sullivan St. Charlestown

14 Filed June 16 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 4. 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Coronary thrombosis
Investigation pending.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? —

(Signed) G H Oaten, M.D.
(Address) Suffolk County.
Medical Examiner for Suffolk County
Date June 6 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Woodlawn Everett (Cemetery) (City or town) DATE OF BURIAL June 8, 1925 (Month) (Day) (Year)

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

20 Burial permit issued by H. C. Daniels Official position Health Officer 21 Date of issue June 8, 1925 Permit No. 915

9.3.9.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause and manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

William Childs
June 4. 1925

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-'19. 50,000.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or Town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 63 Loring Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lulu May Lowe
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 63 Loring Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

5a If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Fred A. Lowe

6 DATE OF BIRTH May 9 1897.
(Month) (Day) (Year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	0	26	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

9 BIRTHPLACE (City) Highland Falls
(State or country) New York

PARENTS

10 NAME OF FATHER Hollis M. Black

11 BIRTHPLACE OF FATHER (City)
(State or country) Maine

12 MAIDEN NAME OF MOTHER Myra Stevens

13 BIRTHPLACE OF MOTHER (City) Thorndike
(State or country) Maine

14
Informant Mrs Fred A. Lowe
(Address) 63 Loring Road Winthrop

15
Filed (Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels M.D.
Official position Health Officer Date of issue of permit 9/6/25 Permit No. 9.4

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 5, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1925, to June 5, 1925,
that I last saw her alive on June 5, 1925,
and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH was as follows:

acute Bright's (acute parenchymatous nephritis)

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Winterport, Maine

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? history, symptoms and signs, urinal exam.

(Signed) Sallie H. Saunders M.D.
(Address) 32 Woodside Park, Winthrop
Date June 5 1925
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hamden Maine
(Cemetery) (City or town)

DATE OF BURIAL June 6 1925

20 UNDERTAKER Frank E. Brown

ADDRESS E. Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

10M. 1-23. 3800.

14,233

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 239 Pleasant St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Harvey Little

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 239 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer:

8 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

9 NAME OF FATHER: Thomas

10 BIRTHPLACE OF FATHER (City) (State or country): England

11 MAIDEN NAME OF MOTHER: Eleanor Harvey

12 BIRTHPLACE OF MOTHER (City) (State or country): England

13 Informant: Mr Elizabeth Kelley
[Address] 239 Pleasant St.

14 Filed (Month) (Day) (Year) REGISTRAR

20 Burial permit issued by H. E. Daniels Official position Health Officer 21 Date of issue June 8 Permit No. 95

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 6 (Day), 1925 (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes, Character indeterminate, plus the Effects of Intense Heat.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Leon L. Langer Augusta, M.D

(Address)

Medical Examiner for Suffolk

Date (Month) June (Day) 7 (Year) 1925

18 PLACE OF BURIAL, CREMATION, or REMOVAL: Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL: June 8 1925 (Month) (Day) (Year)

19 UNDERTAKER: John F. O'Malley ADDRESS: Winthrop

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

June 6. 1925

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk — State Mass — Registered No. ..... (City or town)
City or Town Winthrop No. 45 Hermon — St., 1 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bella Ross
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 45 Hermon St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 years — months — days. — How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Single

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ —

6 AGE: Years 75 | Months 9 | Days — | If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here — — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) Name of employer: —

8 BIRTHPLACE (City) Prince Edward Isle —
(State or country)

PARENTS

9 NAME OF FATHER: Alexander Ross
10 BIRTHPLACE OF FATHER (City) (State or country): P. E. I.
11 MAIDEN NAME OF MOTHER: Katherine McKay
12 BIRTHPLACE OF MOTHER (City) (State or country): P E I

13
Informant Niece, Mrs Horace Gilchrist
(Address) 45 Hermon St, Winthrop Mass

14
Filed June 16 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. L. D. Lavigne M. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 7 (Day) 1925 (Year)

16
I HEREBY CERTIFY, That I attended deceased from June 6, 1925, to June 7, 1925
that I last saw her alive on June 7, 1925
and that death occurred, on the date stated above, at 12:25 A m.

The CAUSE OF DEATH was as follows:
Heat exhaustion

(duration) 1 yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Paranoia (interstitial) Nephritis

(duration) ? yrs. mos. ds.
17 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) Roy W Layton, M.D.
(Address) Winthrop Mass
Date June (Month) 8 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Glenwood Cem Everett
(Cemetery) (City or town)
DATE OF BURIAL June 9/25

19 UNDERTAKER Walter T. Wade
ADDRESS Winthrop Mass

Official position Health Officer Date of issue of permit 6/8/25 Permit No. 917

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

BOSTON (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. (Place of death) Registered No. 2240 (Place of residence)

City or Town Boston No. , STRONG HOSP'T St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELLA M. ROSE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 31 BELCHER St., Ward. (If non-resident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of AUGUSTUS M.

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED HOUSEWIFE

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON

(State or country)

PARENTS

9 NAME OF FATHER PATRICK ANDERSON

10 BIRTHPLACE OF FATHER (city or town) (State or country) IRELAND

11 MAIDEN NAME OF MOTHER MARY RYA...

12 BIRTHPLACE OF MOTHER (city or town) (State or country) P.E.I.

13 Informant HUSBAND

(Address)

14 Filed JUNE 12 '29, 19 Registrar of city or town where death occurred

Filed JUN 13, 19 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) JUNE (Day) 7 (Year) 192[illegible]

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

HEAT EXHAUSTION CONSEQUENT ON CAESAREAN SECTION

(See reverse side for additional space)

17 Where was injury sustained if not at place of death? .....

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date (Month) JUNE (Day) 8, (Year) 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL MALDEN (HOLY CROSS)

DATE OF BURIAL (Month) JUNE (Day) 10 (Year)

19 UNDERTAKER J. H. BURNS

ADDRESS CHELSEA

20 Burial permit issued by .....

Official position

21 Date of issue

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Ellen M. Ryan
June 7, 1925.

R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town) Registered No. 383

1 PLACE OF DEATH (Place of death)

County Suffolk State Mass. Registered No. (Place of residence)

City or Town Chelsea No. U.S.Marine Hosp.#2 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas McCrindle

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 41 Belcher St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen McCrindle

6 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	2	10	

If STILLBORN, enter that fact here --

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Steward

(b) Name of employer Seaman --- SS. Everett

8 BIRTHPLACE (city or town) Ayshire (State or country) Scotland

PARENTS

9 NAME OF FATHER Alexander McCrindle

10 BIRTHPLACE OF FATHER (city or town) Ayshire (State or country) Scotland

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (city or town) " " " (State or country) " " "

6

13 Informant (Address) U.S.Marine Hosp.#2 Chelsea, Mass.

14 Filed June 9 1925 Registrar of city or town where death occurred

Filed ....., 19 ..... Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 9, 1925 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov.8, 1924, to June 9, 1925, that I last saw him alive on June 9, 1925, and that death occurred, on the date stated above, at 4.50a m.

The CAUSE OF DEATH was as follows:

Cerebral embolism

few minutes (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis, general endarteritis obliterans

more than (duration) yrs. 7 mos. 1 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 19, 1925

Was there an autopsy? no

What test confirmed diagnosis? physical

(Signed) H.M.C.Robertson, M.D.

9/, 1925 (Address) U.S.Marine Hosp.#2

18 PLACE OF BURIAL, CREMATION, OR REMOVAL		DATE OF BURIAL
Winthrop	Winthrop	6/11/ 1925

19 UNDERTAKER	ADDRESS
C.R.Berrison	Winthrop

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town Boston No. 17 Hawthorne Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael J Fitzgerald (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 17 Hawthorne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Elizabeth T Fitzgerald

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	59	X	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Police - Officer
(b) Name of employer: Boston

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Thomas J Fitzgerald

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Rose Cox

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant: Mrs Elizabeth T Fitzgerald
(Address) 17 Hawthorne Ave

14 Filed June 16 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 10. 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 9, 1925, to June 10, 1925, that I last saw h[im] alive on June 10, 1925, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows:

Uraemia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Cardiovascular

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? Yes Under One Year, Was Baby Breast Fed

What test confirmed diagnosis?

(Signed) C F Sweeney, M. D.

(Address) 360 Winthrop St.

Date June 11 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL: June 12th 1925

19 UNDERTAKER: P J McArdle ADDRESS: Chs

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M.D. Official position Health Officer Date of issue of permit 6/12/25 Permit No. 919

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . .until he has received a permit from the board of health or its agent. . .or. . . from the clerk of the town where the person died;. . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . .a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24—50,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. _____ (Place of death)

County Suffolk State Massachusetts Registered No. _____ (Place of residence)

City or town Boston No. PETER BENT BRIGHAM HOSPT St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HYMAN LIEBERMAN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 7 SEAFOAM AVE. St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of SELINA

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work DRY GOODS STORE
(b) Name of employer

8 BIRTHPLACE (city or town) RUSSIA
(State or country)

PARENTS

9 NAME OF FATHER ABRAHAM

10 BIRTHPLACE OF FATHER (city or town) _____
(State or country) RUSSIA

11 MAIDEN NAME OF MOTHER FANNIE ------

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) RUSSIA

13 Informant HARRY LIEBERMAN
(Address)

14 Filed JUNE 15, 1925 E. W. M. Glenen
Registrar of city or town where death occurred

Filed June 16, 1925
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JUNE 11 (Month) (Day) 1925 (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from JUNE 3, 1925, to JUNE 11, 1925, that I last saw h IM alive on JUNE 11, 1925, and that death occurred, on the dated stated above, at 10.30 A m.

The CAUSE OF DEATH was as follows:

CHRONIC MYOCARDITIS

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) _____

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) L. H. WRIGHT, M. D.

(Address) _____

Date ------, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) MOUNT HOPE (City or town)

DATE OF BURIAL JUN. 12, 1925

19 UNDERTAKER L. STANETSKY

ADDRESS

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . or . . . from the clerk of the town where the person died; . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-100,000.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk (Boroughs notified) State Mass Registered No. ..... (City or town)
City or Town Winthrop No. 104 Highland Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet Gregg Atwood
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 910 Boylston St., Ward. Brookline, Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years 74 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) Name of employer

8 BIRTHPLACE (City) Middleboro
(State or country) Mass

PARENTS

9 NAME OF FATHER: Alonzo F. Atwood
10 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Mass
11 MAIDEN NAME OF MOTHER: Margaret Conley
12 BIRTHPLACE OF MOTHER (City) ....
(State or country) Ireland

13 Informant Mrs Francis T. Hill
(Address) 466 Audubon Rd. Boston

14 Filed ..... (Month) (Day) (Year) ..... REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
H. Hamilton
Official position Agent
Date of issue of permit June 15, 25
Permit No. 919

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 15 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I [redacted] from
never, 19..., to ..., 19...,
[redacted] saw h[redacted] alive on ..., 19...,
and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH was as follows:

Probably
Chronic Valvular Heart Disease
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebral Embolism
(duration) ... yrs. ... mos. 14 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond B Parker, M.D.
(Address) Winthrop Board of Health
Date June (Month) 15 (Day) 1925. (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Provincetown, Mass (Cemetery) (City or town)
DATE OF BURIAL: June 19. 1925

19 UNDERTAKER: J. H. Waterman Sons
ADDRESS: Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first, the DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.;* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winchester No. 507 Pleasant St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ella Tuttle
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 507 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Blakeslee Tuttle

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	11	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer retired

8 BIRTHPLACE (City) Winchester
(State or country) Mass

PARENTS

9 NAME OF FATHER Benjamin Pamie

10 BIRTHPLACE OF FATHER (City) London
(State or country) N.H.

11 MAIDEN NAME OF MOTHER Mary Pemberton

12 BIRTHPLACE OF MOTHER (City) Winchester
(State or country) Mass

13 Informant Clara Pamie (Sister)
(Address) Main St. Winchester Mass

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 16 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to June 16, 1925, that I last saw h___ alive on June 15, 1925, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Tracy J. Thom M. D.

(Address) 218 Main St Winchester

Date June 17 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Hawthorn Hawthorn
(Cemetery) (City or town)

DATE OF BURIAL 6/19/25

19 UNDERTAKER Chas. R. Simmons

ADDRESS Winchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M. D.

Official position Health Officer Date of issue of permit 6. 9. 25 Permit No. 920

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

June 16, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winchester No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Thomas Lewis
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 54 Quincy ave St., Ward. Winchester
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Sophia Lewis

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Electrical Engineer
(b) Name of employer Boston Edison Co

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

9 NAME OF FATHER George Lewis

10 BIRTHPLACE OF FATHER (City) New Bedford
(State or country) Mass

11 MAIDEN NAME OF MOTHER Mary Bly

12 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

13
Informant Clara Parris
(Address) Main St Winchester

14
Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 17 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to June 17, 1925, that I last saw him alive on June 17, 1925, and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH was as follows:
Chronic interstitial nephritis
Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Laboratory

(Signed) Percy W Langdon, M. D.
(Address) Winchester Mass
Date June (Month) 18 (Day) ~~1925~~ 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Oak Grove Medford
(Cemetery) (City or town)
DATE OF BURIAL 6/19/25

19 UNDERTAKER C. R. Pinnix
ADDRESS Winchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. Daniels M.D.
Official position Health Officer Date of issue of permit 6/19/25 Permit No. 92

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

June 17, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Winthrop~~ ~~Boston~~ No. 52 Bartlett Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Lynch
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 Bartlett St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2½ years months days. How long in U. S., if of foreign birth? 55 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Timothy Lynch

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	87	–	–	

If STILLBORN, enter that fact here –

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) Name of employer

8 BIRTHPLACE (City) Cork
(State or country) Ireland

PARENTS

9 NAME OF FATHER John Toomey

10 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Nora Murphy

12 BIRTHPLACE OF MOTHER (City) Cork
(State or country) Ireland

13 Informant Anna J. Lynch
(Address) 52 Bartlett Road

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 20. (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 11th, 19___, to June 20th, 1925, that I last saw h er alive on June 19, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY Arteria Sclerosis
(SECONDARY)
(duration) 25 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___
OR WHAT

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Richard A. Hoey Jr. M. D.
(Address) 308 Summer Street
Date June (Month) 20 (Day) 1921 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL June 23. 1925

19 UNDERTAKER M. J. Kelly ADDRESS 11 Meridian St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels Official position Health Officer Date of issue of permit 6, 22, 25 Permit NO. 92

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

M-M1

23-200,000

June 20, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 41, Lowell Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Brendan Minihane
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 41 Lowell Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	15	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Winthrop
(State or country Mass

PARENTS

9 NAME OF FATHER Andrew C.
10 BIRTHPLACE OF FATHER (City) So Boston,
(State or country) Mass
11 MAIDEN NAME OF MOTHER Irene L. McLaughlin
12 BIRTHPLACE OF MOTHER (City) Boston,
(State or country) Mass

13 Informant Mrs Irene Minihane
(Address) 41 Lowell Rd.

14 Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Official position, Health Officer Date of issue of permit 6/23/25 Permit No. 925

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 22 (Day), 1925 (Year)

16 **HEREBY CERTIFY**, That I attended deceased from June 17, 1925, to June 22, 1925,
that I last saw h[illegible] alive on June 22, 1925,
and that death occurred, on the date stated above, at 4 P.M. P.M.
The CAUSE OF DEATH was as follows:

I (a) Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Measles

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C. Fenlason M.D.
(Address) 352 Winthrop St
Date June 22 (Month) (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) — DATE OF BURIAL: June 24, 1925

19 UNDERTAKER John F. O'Malley — ADDRESS Winthrop

100,000. 3567.

June 22, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis. peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 36, North Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Brown
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. North Ave St., Ward.
(Usual place of abode)
(If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of George G Browne

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	2	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Fredericton
(State or country) N. B.

PARENTS

9 NAME OF FATHER Johnson Beaviste

10 BIRTHPLACE OF FATHER (City) Charlottetown
(State or country) P. E. I.

11 MAIDEN NAME OF MOTHER Jane McBrien

12 BIRTHPLACE OF MOTHER (City) Symmza Mills
(State or country) Maine

13 Informant Mrs. C. Browne
(Address) 36 North Ave. Winthrop

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 22 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June, 1924, to June 22, 1925, that I last saw her alive on June 22, 1925, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH was as follows:

Carcinoma of Uterus, metastasis, Kidden

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 14 1924

Was there an autopsy? No Laboratory report

What test confirmed diagnosis? Personal Observation

(Signed) R. B. Parker, M. D.

(Address) Winthrop, Mass

Date June 22 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL June 27, 1925

19 UNDERTAKER Frank E. Brown
ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Daniels M. D.

Official position Health Officer Date of issue of permit 6/23/25 Permit No. 22

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

June 22. 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 25 Read St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Sullivan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A.

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Quincy
(State or country) Mass

PARENTS

9 NAME OF FATHER Simon
10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
11 MAIDEN NAME OF MOTHER Mary Armstrong
12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Mrs Mary A Sullivan
(Address) 25 Read St

14 Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued ... Official position ... Date of issue of permit ... Permit No. ...

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 23 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to June 23, 1925, that I last saw h[illegible] alive on June 17, 1925, and that death occurred, on the date stated above, at 6 30A m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)

(duration) ... yrs. ... mos. ... ds.

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Finlayson M.D.
(Address) 360 Winthrop St
Date June 23 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL June 25, 1925

19 UNDERTAKER John H. O'Malley ADDRESS Winthrop

June 23. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis. peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

14,278

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 16, Cora St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Victor Glen Mac Lauchlan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Cora St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Conductor
(b) Name of employer B R B & L R R, P E I

8 BIRTHPLACE (City) (State or country)

PARENTS

9 NAME OF FATHER James Mac Lauchlan

10 BIRTHPLACE OF FATHER (City) (State or country) P E I

11 MAIDEN NAME OF MOTHER Elizabeth Douglas

12 BIRTHPLACE OF MOTHER (City) (State or country) P E I

13 Informant Lotta B. Walsh
(Address) Hyde Park Mass

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) June (Day) 24 (Year) 1925

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by illuminating gas, Suicidal.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Geo. Louis Magnitt M.D.

(Address)

Medical Examiner for Suffolk

Date (Month) June (Day) 24 (Year) 1925.

18 PLACE OF BURIAL, CREMATION, or REMOVAL: (Cemetery) Woodlawn (City or town) Winthrop — DATE OF BURIAL (Month) (Day) (Year) June 26/25

19 UNDERTAKER Chas R. Brennan — ADDRESS Winthrop

20 Burial permit issued by A. E. Daniels Official position Health Officer 21 Date of issue 6/24/25 Permit No. 927

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians will certify to such** deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Victor John MacLachlan
June 24, 1925

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wenchest.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Wenchest No. Community - Hospital St., Ward
(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Baby Fraser.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 107 Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years X | Months X | Days X | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here: Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Wenchest
(State or country) Mass

PARENTS

9 NAME OF FATHER Daniel D. Fraser

10 BIRTHPLACE OF FATHER (City) Cohasset
(State or country) Mass

11 MAIDEN NAME OF MOTHER Kathern McKenzie

12 BIRTHPLACE OF MOTHER (City) Roxbury
(State or country) Mass

13
Informant
(Address)

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 25 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 25, 1925, to June 25, 1925, that I ~~last~~ saw him alive on ____, 19__, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Macerated Full Term (Male) Infant
non venereal.

(duration) ___ yrs. ___ mos. 2-5 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Normal Delivery June 25/25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Wyeth, M. D.
(Address) 114 Pleasant St.
Date June 26 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)
DATE OF BURIAL June 26, 1925

19 UNDERTAKER
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. C. Daniels
Official position Clerk & Officer
Date of issue of permit 6/29/25
Permit NO. 928

June 25, 192[illegible]

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Woodland
(City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Woodland No. 149 Winthrop St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie Bennison
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 147 Woodland St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a If married, widowed ~~or divorced~~
~~HUSBAND~~ of
(or) ~~WIFE~~ of Charles E. Bennison

6 AGE Years 82 Months 9 Days 14 If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Yarmouth
(State or country) Mass

PARENTS

9 NAME OF FATHER Lot Taylor

10 BIRTHPLACE OF FATHER (City) Yarmouth
(State or country) Mass

11 MAIDEN NAME OF MOTHER Eunice Matchett

12 BIRTHPLACE OF MOTHER (City) Yarmouth
(State or country) Mass

13
Informant Chas R. Bennison
(Address) Woodland Mass.

14
Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 26 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 10, 1925, to June 26, 1925, that I last saw h er alive on June 26, 1925, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass.
Date June (Month) 26 (Day) 1925. (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodland (Cemetery) Woodland (City or town)
DATE OF BURIAL June 28/25

19 UNDERTAKER C. H. Bennison
ADDRESS Woodland

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. P. Daniels M. D.
Official position Asst. Supt
Date of issue of permit 6/26/25
Permit NO. 926

June 26, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . or. . from the clerk of the town where the person died; . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

13-'19. 50,000.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Hanover (City or Town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town N. Weymouth No. 6 Commercial St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Hanley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 81 Pleasant St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of — (or) WIFE of William H.

6 DATE OF BIRTH Sept. 2 (Month) (Day) 1861 (Year)

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	7	27	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

9 BIRTHPLACE (City) (Canton)
(State or country) Mass.

PARENTS

10 NAME OF FATHER Henry Reed

11 BIRTHPLACE OF FATHER (City) Attendorf
(State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Thum

13 BIRTHPLACE OF MOTHER (City) ____
(State or country) Germany

14
Informant Mrs. Mabel Lewis
(Address) 81 Pleasant Ave

15
Filed ____ ____ ____ REGISTRAR
(Month) (Day) (Year)

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. L. C. Daniels M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29 1925
(Month) (Day) (Year)

17
I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to June 29, 1925
that I last saw her alive on June 28, 1925
and that death occurred, on the date stated above, at 6:06 a. m.
The CAUSE OF DEATH was as follows:
Chronic interstitial nephritis
(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) Fracture both femurs with non union (duration) ____ yrs. 6 mos. ____ ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? Laboratory
(Signed) Roy W Layton M.D.
(Address) Weymouth Mass
Date June 29 (Month) 1925 (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Hanover Hanover
(Cemetery) (City or town)
DATE OF BURIAL July 1, 1925

20 UNDERTAKER Hanover
ADDRESS Hanover

Official position Health Officer Date of issue of permit 6 29 25 Permit No. 929

June 29, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop [redacted]
(City or town)

Registered No.

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town ~~Boston~~ No. 17 Hawthorne Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen L Egnan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 17 Hawthorne Ave Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a If ~~married, widowed or divorced~~ HUSBAND of (or) WIFE of Peter Egnan

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	X	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland

PARENTS

9 NAME OF FATHER Michael Quinn

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Anna Gaughran

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant Mrs. Elizabeth Fitzgerald
(Address) 17 Hawthorne Ave

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Daniels 4/3

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 5 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to July 5, 1925, that I last saw h~~im~~ alive on June 30, 1925, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ~~No~~ FOR WHAT? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature], M. D.

(Address) [illegible]

Date July (Month) 6 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL July 7th 1925

19 UNDERTAKER P. J. McArdle

ADDRESS Chs

Official position Health Officer Date of issue of permit 7/7/25 Permit NO. 930

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

20M.
3-200.000

July 5. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

14,291

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 26 Read St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Hadfield Affleck Cochrane
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 26 Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... years ... months ... days How long in U. S., if of foreign birth? ... years ... months ... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William F.

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) Name of employer

8 BIRTHPLACE (City) New York
(State or country) N. Y.

PARENTS

9 NAME OF FATHER must be named

10 BIRTHPLACE OF FATHER (City) must be learned
(State or country)

11 MAIDEN NAME OF MOTHER must be learned

12 BIRTHPLACE OF MOTHER (City) must be learned
(State or country)

13 Informant Mrs. Henry Hanson
(Address) 26 Read St.

14 Filed July 24 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 5 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Incised wounds of the neck, homicidal.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Eugene Magott, M.D.
(Address)
Medical Examiner for Suffolk
Date July 6 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL: Waterford (Cemetery) Waterford Ky. (City or town) DATE OF BURIAL: July 8 1925 (Month) (Day) (Year)

19 UNDERTAKER John F. Mealey ADDRESS Winthrop

20 Burial permit issued by ... Official position

21 Date of issue July 7 1925 Permit No. 9173

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop. No. 23 Tuftsberry St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Teofila Krauthausen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 123 Tuftsberry St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Cosmo Krauthausen.

6 AGE: Years 86; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Germany

PARENTS

9 NAME OF FATHER: Laurence Schultz
10 BIRTHPLACE OF FATHER (City) (State or country): Germany
11 MAIDEN NAME OF MOTHER: unable to learn
12 BIRTHPLACE OF MOTHER (City) (State or country): unable to learn

13 Informant: Emil Krauthausen
(Address) 23 Tuftsberry St Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 7 (Month) 7 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 6-1, 1925, to 7-7, 1925, that I last saw h alive on 7-3, 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) General Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? ___ FOR WHAT? ___ Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harry A Kelly, M. D.
(Address) 260 Cleveland
Date 7 (Month) 7 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mass Cemetery (Cemetery) (City or town)
DATE OF BURIAL 7/10/25

19 UNDERTAKER W. H. Graham
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Health Officer Date of issue of permit 7/7/25 Permit NO. 23

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OM.
3-200,000

July 7, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 73 Circuit Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas H. Wilcox
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 73 Circuit Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth K.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Superintendent of Fire
(b) Name of employer Town of Winthrop

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Richard Welch

10 BIRTHPLACE OF FATHER (City) Wales
(State or country) England

11 MAIDEN NAME OF MOTHER Ann Farnum

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

13 Informant Mrs. Elizabeth K. Wilcox
(Address) 73 Circuit Rd.

14 Filed 7 7 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 7 25
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 3 - 7, 1925, to July 7 - 7, 1925, that I last saw him alive on July 7 - 7, 1925, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:

Edema of Lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Dilatation of Heart Arteriosclerosis

(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harry Sutcliffe M.D.

(Address) 200 Pleasant St.

Date 7 7 25
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)
DATE OF BURIAL

19 UNDERTAKER
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. L. P. Daniels M.D.
Official position Health Officer Date of issue of permit 7/9/25 Permit NO. 983

July 7, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County _____ State _____ Registered No. _____
City or Town Dartmouth No. 71 Sagamore Ave St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dufant Cabral
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 71 Sagamore Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE — Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Dartmouth
(State or country)

PARENTS

9 NAME OF FATHER Joseph J. Cabral
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Mary F. Vieira
12 BIRTHPLACE OF MOTHER (City) [illegible] Michaels
(State or country)

13 Informant Joseph J. Cabral
(Address) 71 Sagamore Ave, Dartmouth

14 Filed _____ (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. [illegible] Official position Health Office Date of issue of permit 7.11.25 Permit No. 933

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 11 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 11, 1925, to _____, 19__; that I last saw h[illegible] alive on July 11, 1925 and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH was as follows:

Premature Birth
(7 months)
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY _____
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Henry J. Cabeceiras, M. D.
(Address) Cambridge
Date July (Month) 11 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
[illegible] Dartmouth
(Cemetery) (City or town)

19 UNDERTAKER — ADDRESS
Joseph A Cortes — 25 [illegible] St. Fall River

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

23-200,000

July. 11. 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

23 100 000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County [illegible] State [illegible] (City or town) Registered No.
City or Town [illegible] No. [illegible] St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME [illegible]
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M		

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
45	2	25	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

PARENTS

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)
(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13
Informant
(Address)

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH [illegible]
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 19, 1925, to July 13, 1925, that I last saw h[illegible] alive on July 12, 1925, and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH was as follows:

Pulmonary Embolism

(duration) 5m yrs. mos. ds.

CONTRIBUTORY Chronic endocarditis
(SECONDARY)
(duration) 2 yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 26, 1925

Was there an autopsy? No

What test confirmed diagnosis? Surgical Observation

(Signed) R. B. Parker, M. D.

(Address) Winthrop Mass

Date July 13, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL [illegible]

19 UNDERTAKER

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] July 15, 25.

Official position [illegible] Date of issue of permit 7/15/25 Permit No. 933

July 13, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH
County SUFFOLK State MASS. Registered No.
City or Town WINTHROP No. 5 QUINCY AVE. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FRANKLIN SCOTT WILLIAMS JR.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 5 QUINCY AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH APRIL 30, 1901
(Month) (Day) (Year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	2		

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 3rd OFFICER SS PRES.
(b) Name of employer LINCOLN P.M. S.S. CO.

9 BIRTHPLACE (City) BRIDGEWATER
(State or country) MASS.

PARENTS

10 NAME OF FATHER FRANKLIN S. WILLIAMS

11 BIRTHPLACE OF FATHER (City) BROOKLYN
(State or country) N.Y.

12 MAIDEN NAME OF MOTHER CARRIE B. FRENCH

13 BIRTHPLACE OF MOTHER (City) NORTON
(State or country) MASS.

14
Informant F.S. WILLIAMS
(Address) 5 QUINCY AVE.

15
Filed 3
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Sandy M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 13, 1925.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1925 to July 13, 1925.
that I last saw h[illegible] alive on July 13, 1925.
and that death occurred, on the date stated above, at 8.35 A m.
The CAUSE OF DEATH was as follows:

Pulmonary oedema

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Pleurisy
Pulmonary (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At sea

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Walter F Nolen, M.D.
(Address) 535 Beacon St
Date July 14, 1925
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
MT AUBURN CREMATORY
(Cemetery) (City or town)

DATE OF BURIAL 7/16/25 19

20 UNDERTAKER Frederick L. Beggs

ADDRESS BOSTON

Official position Health Officer Date of issue of permit 7/16/25 Permit No. 936

8-19. 50,000.

July 13, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 163 Grover Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan E. Robinson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 163 Grover Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of George

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) Name of employer

8 BIRTHPLACE (City) Boothbay
(State or country) Maine

PARENTS

9 NAME OF FATHER Chas Sibley

10 BIRTHPLACE OF FATHER (City) N. H.
(State or country)

11 MAIDEN NAME OF MOTHER Martha Mason

12 BIRTHPLACE OF MOTHER (City) Boothbay
(State or country) Me

13 Informant George I Robinson
(Address) 163 Grover Ave

14 Filed July 15 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 14 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 14, 1925, to July 14, 1925; that I last saw h— alive on July 14, 1925; and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harvey A. Kelly M. D.

(Address) Johns Hopkins Hosp Balto Md

Date July 15 25
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pleasant Gloucester
(Cemetery) (City or town)

DATE OF BURIAL July 16, 1925.

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued C. P. Lewis Official position Asst Registrar Date of issue of permit July 15 25 Permit NO. 93

July 14 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop, 125 Washington ~~Ave~~ St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Partridge
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 125 Washington ~~Ave~~ St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Hannah Shurtleff

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	3	3	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

9 NAME OF FATHER Adin Partridge

10 BIRTHPLACE OF FATHER (City) (State or country) Medway Mass

11 MAIDEN NAME OF MOTHER Abigail Harding

12 BIRTHPLACE OF MOTHER (City) (State or country) Medway Mass

13 Informant Mrs. Partridge
(Address) 125 Washington Ave.

14 Filed July 22 21
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M. D.
Official position Health Officer Date of issue of permit 7/20/25 Permit NO. 937

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 18 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 24, 1925, to July 18, 1925, that I last saw h~~im~~ alive on July 18, 1925, and that death occurred, on the date stated above, at 8 55 A m.

The CAUSE OF DEATH was as follows:
Cerebral Apoplexy
Hemiplegia
(duration) — yrs. 1 mos. 22 ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
Terminal (duration) ___ yrs. ___ mos. — ds

17 Where was disease contracted if not at place of death? —
Did an operation precede death? — FOR WHAT? Date of —
Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis? Clinical

(Signed) Orville E Johnson M. D.
(Address) 25 Winthrop ST
Date July 18 1924
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) Forest Hills (City or town) Boston DATE OF BURIAL July 20

19 UNDERTAKER J. Waterman Sons ADDRESS Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk (Wellfleet not given) State Mass Registered No.
City or Town Winthrop No. 5 Emerson Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lydia F. C. Tyler
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Wellfleet Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Peter T. Tyler

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	5	27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Wellfleet Mass

PARENTS

9 NAME OF FATHER Thomas Holbrook

10 BIRTHPLACE OF FATHER (City) (State or country) Wellfleet Mass

11 MAIDEN NAME OF MOTHER Mary Smith

12 BIRTHPLACE OF MOTHER (City) (State or country) West Indies Nova Scotia

13 Informant Mrs Herbert Tyler via
(Address) 5 Emerson Rd Winthrop

14 Filed 10/12
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 23 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1925, to July 23, 1925, that I last saw h alive on July 23, 1925, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 1/4 hr ds

CONTRIBUTORY (SECONDARY) Osteo Sclerosis

(duration) 10+ yrs. ___ mos. ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Richard Ingersoll M. D.
(Address) 114 Pleasant St.
Date July 24 1925
(Month) (Day) (Year)

18 Wellfleet Mass DATE OF BURIAL July 25

19 UNDERTAKER Frank E. Brown ADDRESS Cambridge

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. C. Daniels M. D. Official position Health Officer Date of issue of permit 7/20/25 Permit NO 938

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. .a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk (Boston not listed) State Mass Registered No.

City or Town Winthrop No. 100 Highland Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Williams
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6 Brunswick St., Boston Mass
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months 4 days. How long in U. S., if of foreign birth? 54 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of James Williams

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
88	11	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) St John N.B.
(State or country)

PARENTS

9 NAME OF FATHER Daniel Payne

10 BIRTHPLACE OF FATHER (City) St John N.B.
(State or country)

11 MAIDEN NAME OF MOTHER Frances Lucy

12 BIRTHPLACE OF MOTHER (City) St John N.B.
(State or country)

13 Informant Mrs J Beatrice Hunter
(Address) 100 Highland Road Winthrop Mass

14 Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 3 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 3, 1925, that I last saw h[illegible] alive on Aug 2, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia
(Senile Type)
(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility & Arteriosclerosis
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David E Jameson M. D.

(Address) 100 Highland Road Winthrop Mass

Date Aug 3 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove Dorchester
(Cemetery) (City or town)

DATE OF BURIAL 8-5-25

19 UNDERTAKER P & E F Gleason

ADDRESS Dorchester Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued C E Daniels

Official position Health Officer Date of issue of permit 8 3 25 Permit NO. 939

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. 210 Somerset Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John E. Bennett
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. 210 Somerset Ave Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ellen J.

6 AGE: Years 72 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

*If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) (State or country): E Boston Mass

PARENTS

9 NAME OF FATHER: John
10 BIRTHPLACE OF FATHER (City) (State or country): Wtown Maine
11 MAIDEN NAME OF MOTHER: Catherine Leurney
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland.

13 Informant: Ellen J. Bennett
(Address): 210 Somerset Ave

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: 8 (Month) 4 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 7-20, 1925, to 8-4, 1925, that I last saw h[im] alive on 8-4, 1925, and that death occurred, on the date stated above, at 1.10 m.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY): General Arterio Sclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. Murray Kelly M. D.
(Address) 100 Commonwealth Ave.
Date. 8 (Month) 5 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL: Aug 6, 1925

19 UNDERTAKER: John F. Mealey ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith Official position Secretary Date of issue of permit 8 6 25 Permit NO. 946

5-100-000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. [illegible] (City or town)

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. 4 Dolphin Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ezra B. Polluck
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 4 Dolphin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank D. Pollock

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
65	2	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dr Horse
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Duke Co. Ill

PARENTS

9 NAME OF FATHER Warren H. Hatch

10 BIRTHPLACE OF FATHER (City) (State or country) Jersey Co. Ill.

11 MAIDEN NAME OF MOTHER Mary Simons

12 BIRTHPLACE OF MOTHER (City) (State or country) Virginia Va.

13 Informant Frank B. Pollock
(Address) 4 Dolphin Ave.

14 Filed Aug 10/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug (Month) 6 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 30, 1925, to Aug 6, 1925, that I last saw h[illegible] alive on Aug 6, 1925, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

Hypertension (duration) 7+ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage (duration) ___ yrs. ___ mos. 1/2 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Richard McNeal M. D.
(Address) 114 Pleasant St
Date Aug (Month) 7 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Pine Grove (Cemetery) Winthrop (City or town)
DATE OF BURIAL Aug 12-25

19 UNDERTAKER Aug E. Brown
ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Sec'y Date of issue of permit Aug. 8, 1925 Permit NO. 941

9.B.9.

Aug. 6, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 41 Washington Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Hazelton
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 41 Washington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Dalhousie N. B.
(State or country)

PARENTS

9 NAME OF FATHER Donald Ross

10 BIRTHPLACE OF FATHER (City) Dundee
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

13 Informant Mrs. Ella Jenkins
(Address) 41 Washington Ave

14 Filed Aug 10/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug (Month) 7 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Aug 7, 1925, that I last saw h e alive on Aug 6, 1925, and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH was as follows:

Edema of Lungs

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. Curry Gatelee M. D.

(Address) 200 Pleasant St

Date 8 (Month) 7 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood (Cemetery) Everett (City or town) DATE OF BURIAL Aug 9 1925

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith (Official position) Secy. Date of issue of permit Aug. 8, 1925 Permit NO. 942

9.B.9.

3-100 000

Aug 7, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

BOSTON
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. [illegible] Registered No. 7268
(Place of death) (Place of residence)

City or Town Boston No. EN ROUTE TO B.C.H. RELIEF St. HOS Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARTIN WELCH
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 OTIS St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	MAR.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of IDA FALCONER

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work CONSTABLE
(b) Name of employer CITY OF BOSTON

8 BIRTHPLACE (city or town) BOSTON
(State or country)

PARENTS

9 NAME OF FATHER MARTIN WELCH

10 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER MARGARET FLAHERTY

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant WIFE
(Address)

14 Filed AUG. 11 19 [illegible]
Registrar of city or town where death occurred

Filed [illegible] 19 [illegible]
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH AUG. 8TH. 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

ACUTE CARDIAC FAILURE, PROB. CORONARY SCLEROSIS, GENERAL ARTERIO. SCLEROSIS, COLLAPSED AND DIED SUDDENLY WITHOUT MEDICAL ATTENDANCE

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) WM. J. BRICKLEY, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date AUG. 9. 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL CALVARY

DATE OF BURIAL AUG. 11 '25
(Month) (Day) (Year)

19 UNDERTAKER E. E. ROACH

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) . . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

NOTICE TO UNDERTAKERS: **No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.** — ***General Laws, Chap. 38, Sect. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Aug. 6, 1925

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

Registered No. 731 (Place of death)

County Suffolk State Massachusetts

Registered No. (Place of residence)

City or town Boston No. CITY HOSPT. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE H. KELLEY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 291 MAIN St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of AGNES B.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NIGHT WATCHMAN
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON (EAST)
(State or country)

PARENTS

9 NAME OF FATHER DURBIN KELLEY

10 BIRTHPLACE OF FATHER (city or town) CHELSEA
(State or country)

11 MAIDEN NAME OF MOTHER MARY BARRY

12 BIRTHPLACE OF MOTHER (city or town) BOSTON (EAST)
(State or country)

13 Informant WIFE
(Address)

14 Filed AUG. 12, 1925 E. W. McGlenen
Registrar of city or town where death occurred
Filed Sept 3, 1925
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH AUG. 9 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from AUG. 4, 19 25, to AUG. 9, 1925, that I last saw h[illegible] alive on AUG. 9, 1925, and that death occurred, on the dated stated above, at 6.25 P. m.

The CAUSE OF DEATH was as follows:

PULMONARY EMBOLISM ---MINUTES

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? YES

What test confirmed diagnosis?

(Signed) F. S. BRODRICK, M. D.

(Address)

Date AUG. 10, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MALDEN (HOLY CROSS) (Cemetery) (City or town)

DATE OF BURIAL AUG. 12 1925

19 UNDERTAKER M. J. KELLY

ADDRESS

4—50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Name, Margaret Irene Melanson

Place of Death, Manchester N H

No. Pine Island Park Street

Ward, ... Village, ...

How long a resident, ...

Previous residence, ...

If death occurred at an institution give name of same

.....

How long an inmate, ...

Resides 23 Waldeman Ave
~~XXXXXXX~~, Winthrop Mass

Date of Death: Year, 1925 Month, Aug Day, 9

Age: Years, 23 Months, 1 Days, 24

Place of Birth, Boston Mass

Date of Birth: Year, 1902 Month, June Day, 16

Sex, F Color, W Married, Single, Widowed or Divorced. } S

Occupation, Hairdresser

Cause of Death, Asphyxia

..... Duration, ...

Contributing Cause, ...

..... Duration, ...

Name of Father, Joseph Melanson

Maiden Name of Mother, Agnes B Grinsell

Birthplace of Father, Nova Scotia

Birthplace of Mother, Prince Edward Isle

Occupation of Father, Foreman Ice Co

[Record continued over.]

7328

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

Deceased was wife of .....

Widow of .....

.....

Name of physician (or other person) reporting said death, James J Powers Med Ref

P. O. Address, Manchester N H

Place of Interment, Malden Mass

Date of Interment, August 12 1925

Name of Cemetery, Holy Cross

Undertaker, F L Wallace Sons

P. O. Address, Manchester N H

The State of New Hampshire

I hereby certify that the above death record is correct to the best of my knowledge and belief.

Arthur B. Stevens

.....

Clerk of Manchester N H

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Manuel Meads
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33 Prescott St St., Ward. East Boston
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Manuel Meads

10 BIRTHPLACE OF FATHER (City) Provincetown
(State or country) Mass

11 MAIDEN NAME OF MOTHER Julia R. Diaz

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant Manuel Meads
(Address) 33 Prescott St. E. B.

14 Filed Sept. 2. 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 1 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 9, 1925, to Aug. 10, 1925, that I last saw him alive on Aug 1, 1925, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH was as follows:
Premature foetus - 6½ months - Certain.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Frederic C. Fowler M. D.
(Address) 27 Pleasant St Winthrop
Date July 2 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL 8/12/25

19 UNDERTAKER Frederick Magrath

ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert J. Smith M. D.
Official position, Secretary Date of issue of permit 8/12/25 Permit No. 243

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

AM

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 16 Ocean Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J. Flanagan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Ocean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	15			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles

10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Lillian Fraser

12 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

13 Informant Charles Flanagan
(Address) 16 Ocean Ave.

14 Filed Sept 2 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 1, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 1, 1925, to August 1, 1925, that I last saw h alive on August 1, 1925, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY Pernicious Anemia
(SECONDARY)

(duration) ___ yrs. ___ mos. 1 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) [illegible]

Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL 8/14/25

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary

Date of issue of permit 8/13/25 Permit No. 270

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Aug. 11 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk. a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 116
City or Town Boston No. Winthrop Community St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Cronin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 160 Falcon St., Ward. East Boston
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 34 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Femal	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank Cronin

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
34			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ct. Home
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER James H. O'Brien

10 BIRTHPLACE OF FATHER (City) St John
(State or country) N B.

11 MAIDEN NAME OF MOTHER Mary A. Murphy

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Francis E. Cronin
(Address) 160 Falcon St E. Boston

14 Filed Aug 15/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 12, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1925, to Aug 12, 1925, that I last saw h alive on Aug 11, 1925, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) 6 days

CONTRIBUTORY Arterial Sclerosis
(SECONDARY)
(duration) 4 days

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of Aug 6
Was there an autopsy? If Under One Year Was Baby Breast Fed
What test confirmed diagnosis? Clinical

(Signed) Wm J Bannon, M. D.
(Address) 43 Bowdoin St.
Date Aug 13, 25
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt Calvary (Cemetery) Bos (B) (City or town)

DATE OF BURIAL Aug 13/25

19 UNDERTAKER P. C. Finley

ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 8/13/25 Permit NO. 917

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Aug. 12. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No. 67 Bowdoin Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie Bacon
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 91 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 27 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles E. Bacon.

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
57	4	18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Devonshire
(State or country) England

PARENTS

9 NAME OF FATHER William Batstone

10 BIRTHPLACE OF FATHER (City) Devonshire
(State or country) England

11 MAIDEN NAME OF MOTHER unknown

12 BIRTHPLACE OF MOTHER (City) Devonshire
(State or country) England

13 Informant Charles E. Bacon
(Address) 91 Winthrop St.

14 Filed Sept. 2, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 12 25
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 10, 1925, to August 12, 1925, that I last saw h alive on August 12, 1925, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Intestines

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Rectum

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harvey Cushing, M. D.

(Address) 100 Bowdoin Ave

Date August 14 25
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert I. Smith, Official position Secretary. Date of issue of permit 8/17/25 Permit NO. 948

Aug. 12, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 30 Perkins St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Alice Erwin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Perkins St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 4 years — months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a If married, widowed or divorced
HUSBAND ~~of~~ (or) WIFE of William H Erwin

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	11	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) North Brookfield
(State or country) Mass

PARENTS

9 NAME OF FATHER Isaac Tyler

10 BIRTHPLACE OF FATHER (City) Williamstown
(State or country) Mass

11 MAIDEN NAME OF MOTHER Mary E Bickniell

12 BIRTHPLACE OF MOTHER (City) Weymouth
(State or country) Mass

13 Informant J Elvada Colburn
(Address) Somerville Mass

14 Filed Sept 2 1925
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L Smith M.D.
Official position Secretary Date of issue of permit 8/13/25 Permit No. 9465

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug (Month) 12 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1925, to Aug 12, 1925, that I last saw h er alive on Aug 12, 1925, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH was as follows:

Senility —

Cortris Sclerosis

(duration) 10+ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) yrs. mos. 8½ hrs

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? ✓

What test confirmed diagnosis? —

(Signed) Richard Wentworth, M. D.
(Address) 114 Pleasant St.
Date Aug (Month) 12 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Grove Hill Waltham (Cemetery) (City or town) DATE OF BURIAL Aug 15-25

19 UNDERTAKER Freedom Wentworth ADDRESS Waltha

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 45 Ocean Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Freedman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 45 Ocean Ave. St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Rubin

6 AGE 53 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Boston, Mass.

PARENTS

9 NAME OF FATHER: Isaac Ratkowsky
10 BIRTHPLACE OF FATHER (City) (State or country): Russia
11 MAIDEN NAME OF MOTHER: Pauline Cannef
12 BIRTHPLACE OF MOTHER (City) (State or country): Russia

13 Informant: R. Freedman
(Address): 45 Ocean Ave.

14 Filed Sept. 2 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 12 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Aug 12, 1925, that I last saw h er alive on Aug 12, 1925, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Breast
(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? ___ FOR WHAT? Date of One year ago.
Was there an autopsy? No
What test confirmed diagnosis? No

(Signed) Edward X. Franzen, M. D.
(Address) 1 Darwin St.
Date August 12, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Adath Jeshurun Cem. W. Roxb.
(Cemetery) (City or town)
DATE OF BURIAL: Aug. 15 1925

19 UNDERTAKER: Manuel Stanetsky
ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Albert S. Smith
Official position: Secretary
Date of issue of permit: 8/13/25
Permit NO. 9402

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 48 Emerson Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Almeda
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 48 Emerson Road St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 17 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Benjamin L. Almeda

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	55	11	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Hendry Hendricks

10 BIRTHPLACE OF FATHER (City) Swansea
(State or country) N. H.

11 MAIDEN NAME OF MOTHER Jane Hendrick

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Benj. L. Almeda
(Address) 48 Emerson Road.

14 Filed Sept. 2, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 13 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Aug 13, 1925, that I last saw h er alive on Aug 12, 1925 and that death occurred, on the date stated above, at 4.55 a m.

The CAUSE OF DEATH was as follows:

Carcinoma of intestine & uterus

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY —
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Edward J. Granger M. D.
(Address) 7 Irving St.
Date Aug 14 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Aug 15th 1925

19 UNDERTAKER C. R. Bennoon

ADDRESS Winthrop Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith Official position Secretary Date of issue of permit 8.14.25 Permit No. 9?1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . or. . . from the clerk of the town where the person died:. . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 1
City or Town Winthrop No. 53 Waldemar ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter J. Knudsen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 53 Waldemar Ave. Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Gunhild O.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	7	25	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) Name of employer

8 BIRTHPLACE (City) Norway
(State or country)

PARENTS

9 NAME OF FATHER Knut Knudsen

10 BIRTHPLACE OF FATHER (City) Norway
(State or country)

11 MAIDEN NAME OF MOTHER Sirina Johannesen

12 BIRTHPLACE OF MOTHER (City) Norway
(State or country)

13 Informant Gunhild Knudsen
(Address) 53 Waldemar Ave

14 Filed Sept. 2 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 14, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to August 14, 1925, that I last saw ~~him~~ alive on August 13, 1925, and that death occurred, on the date stated above, at 12.40 p.m.

The CAUSE OF DEATH was as follows:

Chronic Prostatitis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia.

(duration) yrs. 1 mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of July 22, 25.

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) S. Dillard Loy, M. D.

(Address) 34 Princeton St. E. B.

Date August 15, 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL Aug 18-1925

19 UNDERTAKER

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 8/18/25 Permit NO. 95

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

14,360
Winthrop
(City or town)

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No.

City or Town Winthrop No. 162 Pleasant Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Gertrude Sweeney

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 162 Pleasant Rd St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or .... min.
	37			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Telephone operator
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) mass

PARENTS

9 NAME OF FATHER Francis J.

10 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine

11 MAIDEN NAME OF MOTHER Julia A. Sullivan

12 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) mass

13 Informant Julia A Sweeney
(Address) 162 Pleasant St.

14 Filed Sept 2, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 14, 1925
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Pneumonia and Exhaustion
Consequent on mental disorder (dementia
paralysa) with necrosis of the hands
following alleged Exposure to hot water
and in association with glycosuria.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Lingus Lingus Mynatt, M.D.

(Address)

Medical Examiner for Suffolk

Date August 17 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL Aug. 17 1925
(Month) (Day) (Year)

19 UNDERTAKER John F. O'Maley

ADDRESS Winthrop

20 Burial permit issued by Albert S. Sinnett Official position Sec'y

21 Date of issue Aug. 17, 1925 Permit No. 9650

9.13.9

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Agnes Gertrude Kinney
Aug. 14, 1925

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 88 Somerset Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Louise Mac Farland
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 88 Somerset Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred — years 10 months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Hildreth G. Mac Farland

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
63	3	18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) Name of employer

8 BIRTHPLACE (City) (State or country) New Jersey

PARENTS

9 NAME OF FATHER Frederick Mayer

10 BIRTHPLACE OF FATHER (City) (State or country) Germany

11 MAIDEN NAME OF MOTHER Pauline Mayer

12 BIRTHPLACE OF MOTHER (City) (State or country) Germany

13 Informant Hildreth G. Mac Farland
(Address) 88 Somerset Ave.

14 Filed Sept. 2 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 21, 1925.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 21, 1920, to August 21, 1925, that I last saw her alive on August 20, 1925, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis - Hypertension - Myocarditis.

Contributory (duration) 10 yrs. ? mos. ds.

CONTRIBUTORY Acute Dilatation of Heart.
(SECONDARY)
(duration) yrs. 1 mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Winnifred J. Davis, M. D.
(Address) 34 Highland Ave. Somerville Mass.
Date August 22, 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 8/23/25

19 UNDERTAKER C. C. Brennon & Co.
ADDRESS Winthrop Mass.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Enright Official position Secretary Date of issue of permit 8/22/25 Permit NO. 963

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Aug. 24 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent....or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston Winthrop Boston No. 62 Shore Drive St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Goldie Blumfield
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 165 Ruthven St., Ward. Not.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Abraham

6 AGE 74 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Russia

PARENTS

9 NAME OF FATHER Joseph Waldman

10 BIRTHPLACE OF FATHER (City) (State or country) Russia

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (City) (State or country) Russia.

13 Informant H. Goldkrand
(Address) 65 Wallaudes Ave. Rev.

14 Filed Sept 2 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 21 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 10, 1925, to August 21, 1925, that I last saw her alive on August 21, 1925, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH was as follows:
Chronic Interstitial Nephritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Chronic Myocardeal Degeneration

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) Jacob Abrams M. D.
(Address) 562 Shirley Street Winthrop Mass
Date August 21st 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL New York City N. Y.
(Cemetery) (City or town)
DATE OF BURIAL Aug 23 1925

19 UNDERTAKER Manuel Stonetsky
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Asst. Dir. Date of issue of permit Aug 24, 1925 Permit No. 96-2

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

20M
-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 24 Fair View St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Hasson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 24 Fair View St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? 40 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) Name of employer

8 BIRTHPLACE (City) Londonderry
(State or country) Ireland

PARENTS

9 NAME OF FATHER John Hasson

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Mullen

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Susan T. Hasson
(Address) 24 Fair View St

14 Filed Sept. 2. 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 24 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 1, 1925, to Aug 24, 1925, that I last saw her alive on Aug 23, 1925, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH was as follows:

Chronic endocarditis

Aortic insufficiency.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? No

If under one year, was infant Breast Fed? What test confirmed diagnosis? Clinical observation

(Signed) Raymond B Fowler, M. D.

(Address) Winthrop Mass

Date Aug (Month) 24 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Aug 26. 1925

19 UNDERTAKER M. J. Kelly ADDRESS 11 Winthrop St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secy Date of issue of permit 8/26/25. Permit NO. 954.

F. D. 9

3-200.000

Aug. 24, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 5, Court Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Carstensen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 5 Court Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Mary N. Carstensen

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	1	1	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work President of Waco Supply Co.,
(b) Name of employer Plumbing Business

8 BIRTHPLACE (City) Boston.
(State or country) Mass

PARENTS

9 NAME OF FATHER Arsmus Carstensen

10 BIRTHPLACE OF FATHER (City) Cappeln
(State or country) Germany

11 MAIDEN NAME OF MOTHER Jane Mc Kenna

12 BIRTHPLACE OF MOTHER (City) Lymrick
(State or country) Ireland

13 Informant Mary N Carstensen
(Address) 5 Court Road Winthrop

14 Filed Sept 2, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 25 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1924, to Aug 25, 1925, that I last saw him alive on Aug 24, 1925, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH was as follows:

Carcinoma of liver

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis

(duration) 5 yrs. mos. ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory + X ray

(Signed) Roy W Layton M. D.

(Address) Winthrop Mass

Date Aug. (Month) 26 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town) DATE OF BURIAL Aug 29, 1925

19 UNDERTAKER Frank E Brown ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert E. Smith Official position Sec'y Date of issue of permit 8/31/25 Permit No. 656

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. (City or town)
City or Town Winthrop No. 35 Waldemar Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Troy
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 35 Waldemar Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 18 years months days. How long in U. S., if of foreign birth? 50 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5a If married, widowed or divorced
HUSBAND of
WIFE of John Troy, deceased

6 AGE: 78 Years | Months - | 5 Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City)
(State or country): Ireland

PARENTS

9 NAME OF FATHER: John Lucas

10 BIRTHPLACE OF FATHER (City)
(State or country): Ireland

11 MAIDEN NAME OF MOTHER: Mary Flemming

12 BIRTHPLACE OF MOTHER (City)
(State or country): Ireland

13
Informant: Miss Mary Troy, daughter
(Address) 35 Waldemar Ave., Winthrop

14
Filed Sept. 2 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Aug (Month) 26 (Day) 1925 (Year)

16
I HEREBY CERTIFY, That I attended deceased from Aug 18, 1925, to Aug 27, 1925, that I last saw her alive on Aug 21, 1925, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH was as follows:

Diabetes

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Coma

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J. Soule M. D.
(Address) 170 Winthrop St Winthrop
Date Aug (Month) 26 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL: Aug. 28, 1925

19 UNDERTAKER: D. W. Graham & Son
ADDRESS: Arlington

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert E. Seville Official position Sec'y Date of issue of permit 8/26/25 Permit NO. 965

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 15 Grovers Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Freeman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 Grover Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lillian E.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	5	17	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer Printers Supplies

8 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

9 NAME OF FATHER Frederick Freeman

10 BIRTHPLACE OF FATHER (City) (State or country) Sandwich Mass

11 MAIDEN NAME OF MOTHER Margaret Culbertson

12 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

13 Informant Mrs Lillian Freeman
(Address) 15 Grovers Ave Winthrop

14 Filed Sept 2, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug (Month) 27 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to Aug 27, 1925,
that I last saw h~~im~~ alive on Aug 27, 1925,
and that death occurred, on the date stated above, at 11:35 a m.

The CAUSE OF DEATH was as follows:

Carcinoma of stomach

(duration) ? yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? ~~Yes~~ No Date of July 14/1925
Was there an autopsy? ~~Yes~~ No
What test confirmed diagnosis? X ray & ops

(Signed) Roy W Fuller, M. D.
(Address) Winthrop Mass
Date Aug 27 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Cem
(Cemetery) (City or town)

DATE OF BURIAL Aug 29

19 UNDERTAKER J. F. Waterman & Sons

ADDRESS Revere, Mass.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert E. Smith
Official position Sec'y
Date of issue of permit Aug 31, 1925 Permit No. 157.

7.3.7

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

M

200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

305

should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Camoridge
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Middlesex State Mass. Registered No. 1233 Registered No.
(Place of death) (Place of residence)

City or Town Cambridge No. City Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ..... Sullivan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. -Upland Rd. -St., Ward. Winthrop
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W.	Sing.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	0	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED ------

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) Cambridge, Mass.

PARENTS

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

11 MAIDEN NAME OF MOTHER Helena Sullivan

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Chelsea, Mass.

13 Informant Mother
(Address)

14 Filed Sept. 7, 1925 [illegible]
Registrar of city or town where death occurred

Filed Sept 8, 1925
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug. 27th, 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Still born

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) David C. Dow, M.D.

(Address) 1587 Mass. Ave. Cambridge

Medical Examiner for 1st Mid.

Date Aug. 29, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Camb. Cem. Cambridge

DATE OF BURIAL
Aug. 31/25
(Month) (Day) (Year)

19 UNDERTAKER
H. D. Litchfield

ADDRESS
Cambridge

20 Burial permit issued by

Official position

21 Date of issue

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Aug. 27, 1925

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 173 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pauline M Spindler
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 173 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 24 years — months — days. How long in U. S., if of foreign birth? 60 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If ~~married, widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Osmer Spindler

6 AGE: Years 75 | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Switzerland

PARENTS

9 NAME OF FATHER: Jacob Bracklinger

10 BIRTHPLACE OF FATHER (City) (State or country): Switzerland

11 MAIDEN NAME OF MOTHER: Unknown

12 BIRTHPLACE OF MOTHER (City) (State or country): Switzerland

13 Informant Mrs. George A. Spencer
(Address) 173 Shirley Street

14 Filed Sept. 2. 1925 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug (Month) 28 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1924, to Aug 28, 1925, that I last saw h er alive on Aug 27, 1925, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH was as follows:

Chronic valvular heart disease

Chronic interstitial nephritis

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) R. B Parker M. D.

(Address) Winthrop Mass

Date Aug (Month) 28 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hills, Boston (Cemetery) (City or town)
DATE OF BURIAL: Aug. 30th 1925

19 UNDERTAKER: L. A. Emerson
ADDRESS: Revere

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert E. Smith
Official position Sec'y. Date of issue of permit 8/29/25 Permit NO. 958

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers (City or town) 2474 Registered No.

1 PLACE OF DEATH (Place of death)

County Essex State Mass. Registered No. (Place of residence)

City or town Danvers No. Danvers State Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel J. O'Neil
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 1 years 7 months 5 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (city or town) Danvers,
(State or country) Mass.

PARENTS

9 NAME OF FATHER Daniel J. O'Neil

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Bridget Sullivan,

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

13 Informant Mildred H. Parkhurst,
(Address) Hathorne

14 Filed 9/12/25, 19 [signature]
Registrar of city or town where death occurred

Filed 9/15/25, 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sep. 5, 1925.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1924, to Sep. 5, 1925,
that I last saw him alive on Sep. 5, 1925,
and that death occurred, on the dated stated above, at 11 P. m.
The CAUSE OF DEATH was as follows:
Pellagra

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clin.

(Signed) Guy C. Randall, M. D.
(Address) Hathorne
Date Sep. 10, 1925.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Mary's (Cemetery) Danvers (City or town)

DATE OF BURIAL 9/9/25, 19

19 UNDERTAKER Charles H. Kerans

ADDRESS Danvers

$0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or. . from the clerk of the town where the person died;.. **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 240 Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Millard F. Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 240 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 52 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Emma Francis

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70	11	21	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(b) Name of employer Town of Winthrop

8 BIRTHPLACE (City) Provincetown
(State or country) Mass.

PARENTS

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant E. F. Smith
(Address) 240 Bowdoin St.

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 8th 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 7, 1925, to Sept 8, 1925, that I last saw h[illegible] alive on Sept 7, 1925, and that death occurred, on the date stated above, at 8 40 a.m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arvette E. Johnson, M. D.

(Address) 123 Winthrop St

Date Sept. 10 – 1925 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL 9/9/25

19 UNDERTAKER C. R. Dennison

ADDRESS Winthrop, Mass.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert F. Smith

Official position Secretary

Date of issue of permit 9/10/25 Permit NO. 929

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Sept - 8. 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
(City or town)
City or Town Winthrop Boston Ward No. 104 Highland Ave. St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edna Brooks.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 80 Fenway St., _____ Ward. Boston, Mass
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	24	2	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

9 NAME OF FATHER James J Brooks.

10 BIRTHPLACE OF FATHER (City) Warwick P. I.
(State or country)

11 MAIDEN NAME OF MOTHER Ada Thomson

12 BIRTHPLACE OF MOTHER (City) Canton
(State or country) Ohio

13 Informant Geo. W. Healy
(Address) Lowell Mass

14 Filed Sep. 26/25 _____ REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 10 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I never attended deceased from
_____, 19___, to _____, 19___,
~~that I last saw h~~ alive on _____, 19___,
and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? Lowell Mass

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Personal investigation

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health.
Date Sept 11 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Westlawn Cem. Lowell
(Cemetery) (City or town)

DATE OF BURIAL 9/12/25

19 UNDERTAKER J. S. Waterman & Sons

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert J. Smith
Official position Secretary
Date of issue of permit 9/12/25
Permit NO. 960

Sept. 10, 1[illegible]

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 168 Bartlett Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John E. Lynch (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 168 Bartlett Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Mary A.

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) Name of employer Merchant.

8 BIRTHPLACE (City) Boston
(State or country Mass.

PARENTS

9 NAME OF FATHER Peter Ireland

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland.

13 Informant John Lynch
(Address) 168 Bartlett Rd

14 Filed Sep. 26/25
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 9 (Month) 16 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 12th, 1925, to Sept 17th, 1925, that I last saw h— alive on Sept 17th, 1925, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Valvular Disease of Heart

(duration) 1 yrs. mos. ds.

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Death

(Signed) Charles E. Towle, M.D.

(Address) 57 Hancock St

Date Sept 15th, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL 9/17/25

19 UNDERTAKER John F. O'Maley ADDRESS Winthrop

Date of issue of permit 9/16/25 Permit No. 92

M 100,000. 3567.

Sept 14 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis. peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. _____ (City or town)
City or Town Winthrop No. 104 Highland Ave. (Aloha Home) St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Russell
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 76 Triton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 4 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	30	10	11	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Raphael Russell

10 BIRTHPLACE OF FATHER (City) Skowhegan
(State or country) Maine

11 MAIDEN NAME OF MOTHER Mary Walsh

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

13 Informant Raphael Russell
(Address) 76 Triton Ave.

14 Filed Sep. 26/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 14 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I never attended deceased from _____, 19___, to _____, 19___, that I last saw h___ alive on _____, 19___, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH was as follows:

Probably from.
Chronic valvular heart disease
Chronic Nephritis
(duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY _____
(SECONDARY)
(duration) ___ yrs. ___ mos. ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Personal investigation

(Signed) Raymond B. Parker M. D.
(Address) Winthrop Board of Health.
Date Sept 15 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL— Mt. Auburn Cem. (Cemetery) (City or town)
DATE OF BURIAL Sept. 18/25

19 UNDERTAKER H. W. Colby
ADDRESS Lawrence

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. [illegible] Official position Secretary Date of issue of permit 9-26-25 Permit NO. 912

3-100 000

Sept. 14. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
~~City or~~ Town Winthrop No. 52 Crescent St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Steven Lang
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 57 Crescent St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~
HUSBAND of (or) ~~WIFE of~~ Ada. R. Lang

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	61	6	4	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Druggist
(b) Name of employer Self

8 BIRTHPLACE (City) Salem
(State or country) Mass

PARENTS

9 NAME OF FATHER Joseph. Lang

10 BIRTHPLACE OF FATHER (City) Sweden
(State or country)

11 MAIDEN NAME OF MOTHER Charlotte Sinclair

12 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)

13
Informant Ada. R. Lang
(Address) 50 Crescent St. Winthrop

14
Filed Sep. 26/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 22 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1925, to Sept 22, 1925, that I last saw h[e] alive on Sept 18, 1925, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH was as follows:

Valvular Heart Disease

Several (duration) yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Diabetis Mellitus

(duration) yrs. — mos. — ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Orville E Johnson M. D.

(Address) 23 Winthrop St

Date Sept 24, 1925 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Winthrop
(Cemetery) ~~City or~~ town

DATE OF BURIAL 9/24/25

19 UNDERTAKER Chas. R. Brunson

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith 9.B.9.

Official position Sec'y

Date of issue of permit Sept 24, 1925 Permit No. 463.

100.000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 52, Wave way av. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helena Esther Saffron
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 Wave Way St., Ward. 2d
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 4 months days. How long in U. S., if of foreign birth? 34 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Julius Soffran

6 AGE 65 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer House Wife

8 BIRTHPLACE (City)
(State or country) Finland Sweden

PARENTS

9 NAME OF FATHER Samuel Belostowsky

10 BIRTHPLACE OF FATHER (City)
(State or country) Sweden

11 MAIDEN NAME OF MOTHER Celia Bonel

12 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden

13 Informant E Freeman
(Address) 52 Wave Way av Winthrop Mass

14 Filed Sep. 26/25
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith 9.BA, Official position Sec'y. Date of issue of permit 9/25/24 Permit No. 764

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 25 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH was as follows:

Probably
Chronic valvular heart Disease
Chronic Nephritis
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? No If Under One Year Was Baby Breast Fed

What test confirmed diagnosis? Physical findings etc

(Signed) Raymond B Parker M. D.
(Address) Winthrop Board of Health
Date Sept (Month) 25 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Puritan Woburn Mass (Cemetery) (City or town) DATE OF BURIAL Sept 28 1925

19 UNDERTAKER Jacob A Levine ADDRESS 5 Bowker Str Dorchester Mass

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

4-'23-20M

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Kirley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 5 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX — Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Patrick Jr
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
11 MAIDEN NAME OF MOTHER Hazel Brady
12 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass

13 Informant Patricia Kirley
(Address) 5 Atlantic St

14 Filed Sept. 6 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 25 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from on Sept. 25, 1925, to ___, 19___, that I last saw her alive on Sept 25, 1925, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Died twenty minutes after birth - Patent foramen ovale

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Granger, M. D.
(Address) 7 Irwin St.
Date Sept 25 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Forest Rose Cemetery Winthrop
(Cemetery) (City or town)

DATE OF BURIAL 9/26/25

19 UNDERTAKER John F. Smith
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secty. Date of issue of permit 9/26/25 Permit No. 765

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Sept. 23, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 9 Woodside Park St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Midgley (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 9 Woodside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Ashton

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer Investor

8 BIRTHPLACE (City) Rochdale
(State or country) Eng.

PARENTS

9 NAME OF FATHER Leonard

10 BIRTHPLACE OF FATHER (City) Rochdale
(State or country) Eng.

11 MAIDEN NAME OF MOTHER Sarah Clegg

12 BIRTHPLACE OF MOTHER (City)
(State or country) England

13 Informant Mary E Midgley
(Address) 9 Woodside Park

14 Filed Oct. 6, 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 26 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Apr 1, 1925, to Sept. 26, 1925
that I last saw him alive on Sept. 26, 1925
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH was as follows:

Chronic Endocarditis
(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Edward J. Granger, M.D.
(Address) 7 Irving St
Date Sept. 28 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Johns Worcester
(Cemetery) (City or town)

DATE OF BURIAL 9/29/25

19 UNDERTAKER John F. Maley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith, Official position Secretary. Date of issue of permit 9/28/25 Permit No. 995

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

,000. 3567.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Winthrops Community House St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Goldberg
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Revere St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ———
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

9 NAME OF FATHER Samuel

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Ethel Baker

12 BIRTHPLACE OF MOTHER (City) Russia.
(State or country)

13 Informant Samuel Goldberg.
(Address) 36 Revere St Winthrop

14 Filed ——— (Month) ——— (Day) ——— (Year) ——— REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 30 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from ———, 19___, to ———, 19___,
that I last saw h___ alive on ———, 19___,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

Macerated (8 mos) Foetus

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ———
FOR WHAT?
Did an operation precede death? ——— Date of ———
Was there an autopsy? If Under One Year Was Baby Breast Fed
What test confirmed diagnosis? ———

(Signed) Edward J. Granger, M. D.
(Address) 7 Irving St.
Date ~~Sept~~ Oct 4-5-1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Joseph Cem. (Cemetery) (City or town) DATE OF BURIAL Oct 7

19 UNDERTAKER Manuel Stantsky ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert E. Smith Official position Secretary Date of issue of permit 10-7-25 Permit NO. 997

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-100,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

The Commonwealth of Massachusetts

State Infirmary
Tewksbury
(City or town)

STANDARD CERTIFICATE OF DEATH

Registered No. 361
(Place of death)

Registered No.
(Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass.

City or town State Infirmary Tewksbury No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles N. George
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred years 1 months 29 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Robertson George

6 AGE	Years	Months	Days	If LESS than 1 day, ---hrs. or ---min.
	About 69			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teamster
(b) Name of employer

8 BIRTHPLACE (city or town) Not learned
(State or country) Boston

PARENTS

9 NAME OF FATHER Not learned

10 BIRTHPLACE OF FATHER (city or town) Not learned
(State or country) Not learned

11 MAIDEN NAME OF MOTHER Not learned

12 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) Not learned

13 Informant Hospital Records.
(Address)

14 Filed Sept. 30/25, 19
Registrar of city or town where death occurred

Filed Nov. 2, 1925
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 30, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 31, 1925 to Sept. 30, 1925, that I last saw h 1m alive on Sept. 30, 1925, and that death occurred, on the dated stated above, at 8:15A m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

Several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangrene of foot

(duration) yrs. 1 mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Arthur K. Drake, M. D.

(Address) State Infirmary, Tewksbury

Date Sept. 30, 1925 Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL 10/2/25, 19

19 UNDERTAKER C.B. Bennison (G.P.M.)

ADDRESS Winthrop

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 68 Crystal Cove Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rev Joseph Hilaire Paradis
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. (Usual place of abode) No. 68 Crystal Cove Ave St., 3 Ward.
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 16 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Bennett, O.Bion

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	2	—	

If STILLBORN, enter that fact here — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Minister
(b) Name of employer — —

8 BIRTHPLACE (City) Quebec
(State or country) Canada

PARENTS

9 NAME OF FATHER Not known

10 BIRTHPLACE OF FATHER (City) "
(State or country) "

11 MAIDEN NAME OF MOTHER "

12 BIRTHPLACE OF MOTHER (City) "
(State or country) "

13
Informant Daughter Mrs Maud P. Payne
(Address) 68 Crystal Cove Ave Winthrop

14
Filed Oct 6 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 1 (Day) 1925 (Year)

16
I HEREBY CERTIFY, That I attended deceased from Sept 15 1925 to Oct 1 1925,
that I last saw h[im] alive on Oct 1 1925,
and that death occurred, on the date stated above, at 2 a m.
The CAUSE OF DEATH was as follows:
Arteriosclerosis
Chronic interstitial nephritis
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Roy W Clayton, M.D.
(Address) Winthrop Mass
Date Oct (Month) 2 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Linwood Cemetery Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Oct 3/25

19 UNDERTAKER Walter S. White
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S Smith M.D.
Official position Secretary
Date of issue of permit 10/3/25
Permit No. 968

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200.000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk (corrected to Middlesex) State Mass Registered No. _____ (City or town)
City or Town Winthrop No. 958 Shirley St St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah E Buckalew
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Franklin Ave Somerville St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 5 months _____ days. How long in U. S., if of foreign birth? years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of George H Buckalew

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	54			

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

9 NAME OF FATHER John D Kelly

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant George H Buckalew
(Address) 11 Franklin Ave Somerville

14 Filed Oct 6 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 3 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from September 12, 1925, to October 3, 1925, that I last saw h ee alive on October 3, 1925, and that death occurred, on the date stated above, at 2.55 p.m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Chronic Myocardial Degeneration
Hypostatic Pneumonia.
(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) Jacob Abrams M. D.
(Address) 362 Shirley Street Winthrop, Mass
Date October 3 (Month) (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Oct 6, 1925

19 UNDERTAKER George L Doherty ADDRESS Somerville

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith M.D. Official position Secretary Date of issue of permit 10 3 25 Permit NO. 999

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____
City or Town Winthrop (Boston not stated) No. Winthrop Community Hosp St., _____ Ward
(City or town) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin J. Lutz
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1 Decker Ave Formerly Plain St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: 61 Years | Months: 2 | Days: 8 | If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shipper
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

9 NAME OF FATHER: Henry Lutz
10 BIRTHPLACE OF FATHER (City) (State or country): Prussian Poland
11 MAIDEN NAME OF MOTHER: Hannah Prince
12 BIRTHPLACE OF MOTHER (City) (State or country): London England

13 Informant (Address): Fanny R. Lutz 1 Decker Ave Jamaica Plain Boston

14 Filed Oct 6 1925 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Oct. (Month) 5 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925, to Oct. 5, 1925, that I last saw h im alive on Oct. 4, 1925, and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 2 yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edward J. Granger M. D.
(Address) 7 Winthrop St.
Date Oct. (Month) 5 (Day) 1925 (Year)

18 PLACE OF BURIAL, REMOVAL OR CREMATION: Forest Hills Boston (City or town) DATE OF BURIAL: 10/7/25

19 UNDERTAKER: A. L. Eastman Co ADDRESS: 89 Bromfield St Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Albert S. Smith M.D.
Official position: Secretary Date of issue of permit: 10/6/25 Permit No. 990

Oct. 5, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

14,465

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

.....(City or town)

1 PLACE OF DEATH

County Suffolk State ..... Registered No. .....

City or Town Winthrop — Winthrop N. Community Hospital St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Nicolau. LUISA NICOLAU

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 44 Temple Ave St., ... Ward. .....

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 2 years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Porto Rican	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Pedro Nicolau

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	33			

IF STILLBORN, enter that fact here .....

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) Name of employer .....

8 BIRTHPLACE (City) .....
(State or country) Porto Rico

PARENTS

9 NAME OF FATHER Ernest Soliva.

10 BIRTHPLACE OF FATHER (City) .....
(State or country) Porto Rico

11 MAIDEN NAME OF MOTHER Luisa Soria.

12 BIRTHPLACE OF MOTHER (City) .....
(State or country) Porto Rico

13 Informant Pedro Nicholau
(Address) 44 Temple Ave.

14 Filed Oct 9 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 6 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Embolism of the pulmonary artery, presumably. (Died Suddenly 12 days after delivery.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? .....

(Signed) Leon Burgess Magoun, M.D.

(Address) .....

Medical Examiner for Suffolk

Date Oct 7 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mayaguez Porto Rico
(Cemetery) (City or town)

DATE OF BURIAL Oct 9 1925
(Month) (Day) (Year)

19 UNDERTAKER Charles P. Bennett

ADDRESS Winthrop.

20 Burial permit issued by Albert L. Smith Official position Secretary

21 Date of issue Oct 8 '25 Permit No. 942

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Clara Ritter Mechlowicz
Oct. 6, 1925 -

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 44 Buchanan St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gilbert Henry Hait.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 44 Buchanan St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of C. Belle Wilson

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	7	21	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired.
(b) Name of employer

8 BIRTHPLACE (City) (State or country) South Boston, Mass.

PARENTS

9 NAME OF FATHER Gilbert Hait.

10 BIRTHPLACE OF FATHER (City) (State or country) Litchfield. Maine.

11 MAIDEN NAME OF MOTHER Cynthia Sparrow.

12 BIRTHPLACE OF MOTHER (City) (State or country) Orleans. Mass.

13 Informant Harriet Hait daughter
(Address) 44 Buchanan

14 Filed Oct 5 '25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 7 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 1, 1925, to Oct 7, 1925, that I last saw h in alive on Oct 6, 1925, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH was as follows:
Hemiplegia
Cerebral Embolism
(duration) ___ yrs. 24 ~~days~~

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Arvilla E Johnson M. D.
(Address) 623 Washington
Date Oct 8 1925 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope (Cemetery) Milton (City or town) DATE OF BURIAL 10/9/25

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 10/8/25 Permit NO. 963

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)
County Suffolk (Lynn) State Mass Registered No.
City or Town Winthrop No. Winthrop Community Hosp St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Pitts
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 59 Centennial Ave St., Ward. Revere Mass
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years — | Months — | Days | If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER George Pitts
10 BIRTHPLACE OF FATHER (City) Boston
(State or country)
11 MAIDEN NAME OF MOTHER Catherine Fennoyle
12 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

13 Informant Sarah Fennoyle
(Address) 59 Centennial Ave Revere

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 7 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1925 to Oct 7, 1925
that I last saw h..... alive on ....., 19.....,
and that death occurred, on the date stated above, at 1.00 P m.
The CAUSE OF DEATH was as follows:

STILLBORN

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Harold Thurgood, M.D.
(Address) 639 Beach St Revere
Date October 7 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Garden (Cemetery) Chelsea (City or town)
DATE OF BURIAL: Oct 9

19 UNDERTAKER: F. H. Farrell
ADDRESS: Revere

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 10/7/25 Permit No. 961

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Duxbury
(City or town)

1 PLACE OF DEATH
County Plymouth State Mass. Registered No. 28

City or Town Duxbury No. , Washington St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wilbert W. Freeman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 Washington Avenue St., Ward. Winthrop, Mass.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred — years 5 months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Cordelia Prior

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	10	22	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Duxbury
(State or country) Mass.

PARENTS

9 NAME OF FATHER George F. Freeman

10 BIRTHPLACE OF FATHER (City) Duxbury
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Rebecca Snow

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant Mrs. Cordelia Freeman
(Address) 15 Washington Ave., Winthrop

14 Filed Oct. 13, 1925 Georgia Stevens
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Oct. 16, 1925

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 11, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Octo. 5, 1925, to Octo. 11, 1925, that I last saw him alive on Octo. 11, 1925, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH was as follows:
Cerebral hemorrhage

(duration) ___ yrs. ___ mos. 6 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. C. Leavitt, M. D.
(Address) Duxbury, Mass.
Date Oct. 11, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mayflower, Duxbury
(Cemetery) (City or town)

DATE OF BURIAL Oct. 14, 1925

19 UNDERTAKER J. J. Shepherd & Sons

ADDRESS Duxbury

Official position Date of issue of permit Permit NO.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

2-23-200,000

The Commonwealth of Massachusetts

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 260 Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Morgan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 263 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 25 years — months — days. How long in U. S., if of foreign birth? 45 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Samuel

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
84	5	11	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) Cambridgeshire
(State or country) England

PARENTS

9 NAME OF FATHER — Searle

10 BIRTHPLACE OF FATHER (City) Cambridgeshire
(State or country) England

11 MAIDEN NAME OF MOTHER — Reed

12 BIRTHPLACE OF MOTHER (City) Cambridgeshire
(State or country) England

13 Informant Anna L. Morgan (daughter)
(Address) 263 Bowdion St

14 Filed Oct. 23/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 11th 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1925, to Oct 11, 1925, that I last saw h er alive on Oct 10, 1925, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass.
Date Oct 12 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Oct. 13 '25

19 UNDERTAKER C. E. Bennison

ADDRESS Winthrop Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith & Official position Secretary Date of issue of permit 10/13/25 Permit NO. 964

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,"."Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

1 R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

14,477

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 541 Shirley St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F. Brittain

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 541 Shirley St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna E. Brittain

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	46			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter & Builder
(b) Name of employer

8 BIRTHPLACE (City) St. John
(State or country) N. B.

PARENTS

9 NAME OF FATHER William Brittain

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Mary Lambert

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant Anna E. Brittain
(Address) 541 Shirley St. Winthrop

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 12 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Oedema of the lungs and other effects of the use of alcohol

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Lloyd Burgin Draper, M.D.

(Address)

Medical Examiner for Suffolk

Date Oct 12 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Oct 14 1925
(Month) (Day) (Year)

19 UNDERTAKER C. H. Richardson

ADDRESS Winthrop

20 Burial permit issued by Albert L. Smith Official position Secretary

21 Date of issue 10-14-25 Permit No. 965

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Oct. 12, 1925

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County ~~Suffolk~~ State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 23 Atlantic St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H Tompkins
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 23 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: 78 years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Butcher
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER: William Tompkins

10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER: Sarah Burscale

12 BIRTHPLACE OF MOTHER (City) Unable to learn
(State or country)

13 Informant: Luella Tompkins
(Address) 23 Atlantic St Winthrop

14 Filed ___ '25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Oct 14 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1925, to Oct 14, 1925, that I last saw h in alive on Oct 9, 1925, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? No Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) C Mahoney, M. D.

(Address) 336 Winthrop St

Date Oct 15 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hills (Cemetery) (City or town) DATE OF BURIAL: Oct 17 '25

19 UNDERTAKER: W H Graham ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith 10/15/25 Official position Secretary Date of issue of permit 10/16/25 Permit No. 267

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

M

200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. _____ (City or town)
City or Town Winthrop No. Aloha Christian Science Home St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice May Brockway
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 256 Bradstreet Ave St., _____ Ward. Beachmont
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	50	4	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) Name of employer

8 BIRTHPLACE (City) Newport
(State or country) N. H.

PARENTS

9 NAME OF FATHER Charles L Brockway

10 BIRTHPLACE OF FATHER (City) Bradford
(State or country) N. H.

11 MAIDEN NAME OF MOTHER Marie Long.

12 BIRTHPLACE OF MOTHER (City) Newport
(State or country) N. H.

13
Informant Effie G. Tucker
(Address) 256 Bradstreet Ave.

14
Filed Oct 23/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 16 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I ~~attended~~ saw deceased from _____, 19____, to _____, 19____,
that I last saw h_____ alive on _____, 19____,
and that death occurred, on the date stated above, at 3:45 A m.
The CAUSE OF DEATH was as follows:

1 Probably Chr. Valvular Heart Disease
Chr Nephritis.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____
(SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? Lynn
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis Personal knowledge

(Signed) Raymond B Parker M. D.
(Address) Winthrop Board of Health
Date Oct 16 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Pine Grove Lynn
(Cemetery) (City or town)
DATE OF BURIAL Oct. 18-'25

19 UNDERTAKER J. S. Waterman & Son.
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith
Official position Secretary Date of issue of permit Oct 23 '25 Permit NO. 78

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston notified

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Registered No.

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Winthrop No. Winthrop Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. Ratto
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 9 Blackington St. East Boston Ward Mass
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank Ratto

6 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
28	6	29	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper At Home
(b) Name of employer

8 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

9 NAME OF FATHER Andrew Lagamasino

10 BIRTHPLACE OF FATHER (City) Italy
(State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

13 Informant Frank Ratto
(Address) 9 Blackington St. E. Boston

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 16 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 11, 1925, to October 16, 1925, that I last saw h[er] alive on Oct. 15, 1925, and that death occurred, on the date stated above, at 4.4. m.

The CAUSE OF DEATH was as follows:

Intestinal Paralysis
(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Myocarditis & Senile Marasmus.
(duration) ___ yrs. ___ mos. 3 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of Oct. 11. 1925

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George W Schwartz M. D.

(Address) 43 Bruce St Winthrop

Date October 16. 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL Oct 19 25

19 UNDERTAKER J. F. Sullivan & Co.

ADDRESS 1429 Cambridge St E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert J. Smith M.D. Official position Secretary Date of issue of permit Oct 19 25 Permit No. 9155

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

20M
3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** ..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 9094 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. HEBREW LADIES HOME FOR AGED St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LIZZIE SILVERMAN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 191 WOODSIDE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	WID.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of LOUIS

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
74			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

8 BIRTHPLACE (city or town) RUSSIA
(State or country)

PARENTS

9 NAME OF FATHER ISAAC SHUMSKY

10 BIRTHPLACE OF FATHER (city or town) (State or country) RUSSIA

11 MAIDEN NAME OF MOTHER ESTHER -----

12 BIRTHPLACE OF MOTHER (city or town) (State or country) RUSSIA

13 Informant MRS. J. GRANT
(Address)

14 Filed OCT. 20, 1925 E. W. McGlenen
Registrar of city or town where death occurred

Filed ____, 1925
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH OCT. 16 (Month) (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 5, 1925, to OCT. 16, 1925, that I last saw h ER alive on OCT. 16, 1925, and that death occurred, on the dated stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

ARTERIO-SCLEROSIS

(duration) yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) JAUNDICE FROM HEPATIC OBSTRUCTION (duration) yrs. ____ mos. 14 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. S. PARSONS, M. D.

(Address)

Date OCT. 17, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WOBURN (OHEL JACOB)
(Cemetery) (City or town)

DATE OF BURIAL OCT. 18, 1925

19 UNDERTAKER MANUEL STANETSKY

ADDRESS

74—50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation. the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 7
City or Town Winthrop No. 19 Centre St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie G. Hamilton
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 19 Centre St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Amazia

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Halifax
(State or country) N. S.

PARENTS

9 NAME OF FATHER James Murray

10 BIRTHPLACE OF FATHER (City) Halifax
(State or country) N. S.

11 MAIDEN NAME OF MOTHER Nellie Warren

12 BIRTHPLACE OF MOTHER (City) England.
(State or country)

13 Informant Nellie Hamilton
(Address) 19 Centre St.

14 Filed Oct 23/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 17 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Oct 17, 1925, that I last saw h alive on Oct 16, 1925 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Orbitis Mellitus.

(duration) ___ yrs. 10 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) 1 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Mahoney M. D.

(Address) 389 Main St

Date Oct 18 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town) DATE OF BURIAL Oct 20, 1925

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 10/19/25 Permit No. 969

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. (City or town)
City or Town Winthrop No. 291 Pleasant St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes G. Carlton
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 291 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John J.

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
62	8	28	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Nurse
(b) Name of employer H

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Michael Flanagan

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Mary Galvin

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Agnes Farley
(Address) 291 Pleasant St

14 Filed Oct. 23/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 19 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 30, 1925, to Oct 19, 1925, that I last saw h alive on Oct 19, 1925, and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 3 yrs. ___ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris, acute

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

(Address) 383 Broadway

Date Oct 20, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL Oct 22/25

19 UNDERTAKER Jas H. Burns

ADDRESS Chelsea

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith

Official position Secretary

Date of issue of permit 10/21/25 Permit No. 970

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME William A. Mulloy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Vernon St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Adelaide

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) St Johns
(State or country) Newfoundland

PARENTS

9 NAME OF FATHER William
10 BIRTHPLACE OF FATHER (City) (State or country) Ireland
11 MAIDEN NAME OF MOTHER Cannot be learned
12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant Mrs A. Monti
(Address) Winslow St

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S Smith official position Secretary

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 10 (Month) 20 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 10-12, 1925, to 10-20, 1925, that I last saw h in alive on 10-19, 1925, and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH was as follows:

Edema of Lungs.

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harry Gallery M. D.

(Address) 100 Pleasant St

Date (Month) 10 (Day) 20 (Year) 25

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL 10/22/25

19 UNDERTAKER John F. C. Maley ADDRESS Winthrop

Date of issue of permit 10/20/25 Permit NO. 972

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-100 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Wenham
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Wenham No. 74 Atlantic St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ragana Hansen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 74 Atlantic St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? 18 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widow

5a If married, widowed ~~or divorced~~
HUSBAND of ~~(or) WIFE of~~ of Carl H. Hansen

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	46	x	4	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Norway
(State or country)

PARENTS

9 NAME OF FATHER Gudon Klang

10 BIRTHPLACE OF FATHER (City) Norway
(State or country)

11 MAIDEN NAME OF MOTHER Hannah - Bernsen

12 BIRTHPLACE OF MOTHER (City) Norway
(State or country)

13 Informant Mrs. J. V. Johnson
(Address) 74 Atlantic St - Wenham

14 Filed Dec 4 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 24 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1923, 19___, to Oct. 24, 19 25,
that I last saw h___ alive on Oct 21, 19 25,
and that death occurred, on the date stated above, at 11-30 A.M.
The CAUSE OF DEATH was as follows:

Pneumonia

(duration) ___ yrs. 1 mos. 3 ds.

CONTRIBUTORY Chronic Nephritis
(SECONDARY)
(duration) 1 yrs. 6 mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Bowers, M. D.
(Address) Wenham
Date Oct 24 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Hamilton (Cemetery) Hamilton (City or town)

DATE OF BURIAL Oct 27 1925

19 UNDERTAKER Chas. R. Sears

ADDRESS Wenham

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Asst. Official position Secretary Date of issue of permit 10 23 25 Permit NO. 971

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-100 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Reserve notified

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

Registered No. 116

1 PLACE OF DEATH
County Suffolk State Massachusetts
City or Town Boston Winthrop No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Viola
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 9 Bradstreet Ave St., Revere Ward
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
8	11	25	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Albert Viola

10 BIRTHPLACE OF FATHER (City)
(State or country) Italy

11 MAIDEN NAME OF MOTHER Tecla Ramacchia

12 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

13
Informant Albert Viola
(Address) 9 Bradstreet Ave Revere

14
Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 27. 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 20, 19 25, to Oct 27, 19 25, that I last saw h[illegible] alive on Oct 24, 19 25, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia 2
(duration) yrs. mos. ds.

CONTRIBUTORY Acute Intestinal Intoxication.
(SECONDARY)
(duration) ___ yrs. ___ mos. 4 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes FOR WHAT? Date of Oct 20. 1925

Was there an autopsy? hr If Under One Year Was Baby Breast Fed

What test confirmed diagnosis? Operation

(Signed) George A. Schwartz, M. D.
(Address) 43 Bowdoin St
Date Oct 27 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels DATE OF BURIAL Oct 30. 1925
(Cemetery) (City or town)

19 UNDERTAKER F. J. Kiely ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith M.D. Official position Secretary Date of issue of permit 10. 25. 25 Permit No. 973

12-'23-20M

Oct. 24, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2'd Surgical

02

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Somerville
(City or town)

1 PLACE OF DEATH Registered No. 933 (Place of death)

County Middlesex State Mass. Registered No. (Place of residence)

City or town Somerville No. Somerville Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin J. Deaves
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop, No. 86 Herman St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	59			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sign Painter
(b) Name of employer:

8 BIRTHPLACE (city or town)
(State or country) California

PARENTS

9 NAME OF FATHER: Cannot be learned

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Cannot be learned

11 MAIDEN NAME OF MOTHER: Cannot be learned

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Cannot be learned

13 Informant: Alfred Ellis,
(Address) 86 Herman St. Winthrop, Mass.

14 Filed Nov. 5, 1925. Jason M. Casson
(City or town where death occurred)
Filed ____ 19__
(Registrar of city or town where deceased resided)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 27, 1925.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1925 to Oct. 27, 1925,
that I last saw him alive on Oct. 27, 1925.
and that death occurred, on the dated stated above, at 11.55 P m.
The CAUSE OF DEATH was as follows:

Chronic Endocarditis
Mitral Regurgitation
Dilatation (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Exophthalmic Goiter
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) H. A. Walker, M. D.
(Address) 464 Broadway, Somerville,
Date Oct. 29, 1925.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Glenwood, Everett, Mass. (Cemetery) (City or town)
DATE OF BURIAL: Nov. 5, 1925.

19 UNDERTAKER: A. E. Mann
ADDRESS: Somerville, Mass.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston Winthrop No. 86 Sagamore St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Greenblatt Age 7 mos
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 86 Sagamore Ave St., Ward Winthrop, Mass.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

9 NAME OF FATHER Harry Greenblatt

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Bessie Rosenblum

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Harry Greenblatt
(Address) 86 Sagamore St Winthrop

14 Filed Nov 4 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 31 1925.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 30, 1925, to October 31, 1925, that I last saw him alive on October 31, 1925, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH was as follows:
Broncho-pneumonia

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gastro-intestinal toxemia.
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? No Date of
Was there an autopsy? no
If under one year, was infant Breast Fed? Breast & bottle
What test confirmed diagnosis? Clinical

(Signed) Jacob Abrams M. D.
(Address) 562 Shirley Street Winthrop, Mass.
Date: October 31 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Walk Hill Cemetery Monsale
(Cemetery) (City or town) DATE OF BURIAL 11/1/25

19 UNDERTAKER Charles J Bourgusch ADDRESS 73 Village St Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary Date of issue of permit 11/3/25 Permit No. 974

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3

Oct. 31. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk. State Mass Registered No.
City or Town Winthrop No. 104 Locust St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice C. Pike
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 104 Locust St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Albert

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	41			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Prince Edward Island

PARENTS

9 NAME OF FATHER Alexander MacDonald

10 BIRTHPLACE OF FATHER (City)
(State or country) Prince Edwards Island

11 MAIDEN NAME OF MOTHER Agnes MacDonald.

12 BIRTHPLACE OF MOTHER (City)
(State or country) Prince Edwards Island.

13
Informant Mrs S. Matthews
(Address) 104 Locust St.

14
Filed Nov. 10/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 1 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1925, to Nov 1, 1925, that I last saw h alive on Nov 1, 1925, and that death occurred, on the date stated above, at 5.40A m.

The CAUSE OF DEATH was as follows:

Pernicious Anaemia

(duration) yrs. 11+ mos. ds.

CONTRIBUTORY Cerebral Oedema
(SECONDARY)
(duration) yrs. mos. 2 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Blood smear

(Signed) Richard Moriarty M. D.
(Address) 114 Pleasant St Winthrop Mass
Date Nov 2 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Nov 3, 1925

19 UNDERTAKER John F. Mealey
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert L. Smith M.D. Official position Secretary. Date of issue of permit 11/2/25 Permit NO. 975

Nov. 1, 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 87, Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Hutton Gillespie.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 87 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 12 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	19	9	10	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER John D. Gillespie
10 BIRTHPLACE OF FATHER (City) St. Johns
(State or country) New Brunswick
11 MAIDEN NAME OF MOTHER Harriet White.
12 BIRTHPLACE OF MOTHER (City) Sussex
(State or country) New Brunswick

13 Informant Edw. H. Gillespie
(Address) Grandfather - 87 Pleasant St.

14 Filed Nov. 10/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 4 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1925, to Nov 4, 1925, that I last saw her alive on Nov 4, 1925, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH was as follows:

Tuberculosis, pulmonary

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) R. W. Langton M. D.
(Address) Winthrop Mass
Date Nov 5 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Nov 6 1925

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert E. Smith Official position Secretary Date of issue of permit Nov 6 25 Permit NO. 977

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 443 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Paul Alexander Kennedy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 443 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years | Months: 2 | Days: 20 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER —

10 BIRTHPLACE OF FATHER (City) —
(State or country)

11 MAIDEN NAME OF MOTHER Phyllis Alexandra Kennedy

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

13 Informant Phyllis A. Kennedy.
(Address) 443 Winthrop St.

14 Filed Nov. 10/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 5 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1925, to Nov 5, 1925, that I last saw h alive on Nov 5, 1925, and that death occurred, on the date stated above, at 2A m.

The CAUSE OF DEATH was as follows:

Marasmus

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) —
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Fenhagen M. D.
(Address) 346 Winthrop St
Date Nov. 6 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Newburyport
(Cemetery) (City or town)
DATE OF BURIAL Nov. 6. 1925

19 UNDERTAKER Charles P. Bennett
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary Date of issue of permit Nov 25 Permit NO. 976

Nov 5. 1925

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,"."Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk.. a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)
Registered No. 1503 (Place of death)
Registered No. (Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass.

City or town Cambridge No. City Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME -----McCarthy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) **Residence.** State Mass. City or Town Winthrop No. Crystal Cove Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 AGE	Years	Months	Hours	If LESS than 1 day, ---hrs. or ---min.
	0	0	4	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ------
(b) Name of employer

8 BIRTHPLACE (city or town) Cambridge
(State or country) Mass.

PARENTS

9 NAME OF FATHER Henry P.

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Worcester Mass.

11 MAIDEN NAME OF MOTHER Helen Long

12 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Mass.

13 Informant Father
(Address)

14 Filed Nov.11 ,1925
Registrar of city or town where death occurred
Filed ---, 19--
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov.7/25
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov.6/25, 19--, to Nov.7, 19--,
that I last saw h--- alive on Nov.7, 19 25,
and that death occurred, on the dated stated above, at --- m.
The CAUSE OF DEATH was as follows:

Premature Birth

(duration) --- yrs. --- mos. --- ds.

CONTRIBUTORY (SECONDARY)
(duration) --- yrs. --- mos. --- ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Fredk.L. Good, M. D.
(Address) Comwlth Ave.Boston
Date Nov.7/25

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
St.Pauls Arlington
(Cemetery) (City or town)

DATE OF BURIAL
Nov.10, 1925

19 UNDERTAKER
John T. O'Maley

ADDRESS
Winthrop

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature ot the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died:...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
~~City~~ or Town Winthrop No. Winthrop Community Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 77 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Jane Fraser

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumber
(b) Name of employer

8 BIRTHPLACE (City) Aberdeen,
(State or country) Scotland

PARENTS

9 NAME OF FATHER John Smith

10 BIRTHPLACE OF FATHER (City) Aberdeen
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Isabelle Low

12 BIRTHPLACE OF MOTHER (City) Aberdeen
(State or country) Scotland

13 Informant Mrs Florence L Jarvis
(Address) 13 Beaver St. Worcester.

14 Filed Nov. 10/25
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was Filed with me BEFORE the burial or transit permit was issued Albert L Smith F.D.
Official position Secretary Date of issue of permit Nov 8 '25 Permit No. 978

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. (Month) 8 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Nov 8, 1925, that I last saw h~~im~~ alive on Nov 8, 1925, and that death occurred, on the date stated above, at 11.25 A m.

The CAUSE OF DEATH was as follows:
Cerebral Embolism

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Embolism

(duration) ___ yrs. ___ mos. 7 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C F Twomey M. D.

(Address) 356 Pleasant St

Date Nov. 8 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Hope Worcester Mass
(Cemetery) (City or town)

DATE OF BURIAL Nov. 11, 1925.

19 UNDERTAKER George H. Longstreet
ADDRESS Worcester

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

Nov. 8. 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town) Registered No. 1102

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston No. 28 Oakland St Winthrop St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Louise Lavoie

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 28 Oakland Street St., Ward.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? 40 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Lavoie

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Lake Champlain, Canada.

PARENTS

9 NAME OF FATHER Tousine Lavoie

10 BIRTHPLACE OF FATHER (City) (State or country) Canada

11 MAIDEN NAME OF MOTHER Lena Loraine

12 BIRTHPLACE OF MOTHER (City) (State or country) Canada

13 Informant Daughter Mrs. Victoria Hendricks
(Address) 28 Oakland Street

14 Filed 11 9 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 9. 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from November 8, 1925, to November 9, 1925, that I last saw h[er] alive on November 9, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH was as follows:

Uremia

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) 1 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No FOR WHAT? Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Grace St Edmard, M. D.

(Address) 73 Princeton St

Date November 11. 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town) DATE OF BURIAL 11/12/25.

19 UNDERTAKER Richard E Kelly ADDRESS Boston.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert J. Smith Official position Secretary Date of issue of permit 11/12/25 Permit NO. 979

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ransom - Dunn - Stead
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 65 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Bessie. F. Stead

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	5	9	27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Pupil
(b) Name of employer —

8 BIRTHPLACE (City) Brooklyn.
(State or country) N. Y.

PARENTS

9 NAME OF FATHER George. Stead

10 BIRTHPLACE OF FATHER (City)
(State or country) England

11 MAIDEN NAME OF MOTHER Lucy Bohannon

12 BIRTHPLACE OF MOTHER (City)
(State or country) Me

13 Informant Bessie F Stead (wife)
(Address) 65 Fremont St Winthrop

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov (Month) 11 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1925, to Nov 11, 1925, that I last saw h[er] alive on Nov 11, 1925, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH was as follows:

Pernicious Anaemia

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) ✓

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) R W Loughlin M. D.
(Address) Winthrop Mass
Date Nov 13 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 11/14/25

19 UNDERTAKER A R Bennis
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L Smith M.D. Official position Secretary Date of issue of permit 11 13 25 Permit No. 98

100 000

Dec. 11, 1923

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston Winthrop No. 30 Bellevue Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma L. Kennally.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Bellevue Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H.

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Cannot be learned.
10 BIRTHPLACE OF FATHER (City) Albany
(State or country) N. Y.
11 MAIDEN NAME OF MOTHER Catherine Tobin
12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13
Informant N. Kennally.
(Address) 32 Bellevue Ave.

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov (Month) 14 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from January, 1923, to Nov 13, 1925, that I last saw h. alive on Nov 13, 1925, and that death occurred, on the date stated above, at 2.10 A m.

The CAUSE OF DEATH was as follows:

Pernicious Anaemia

(duration) 2 yrs. 11 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Blood analysis Microscopic

(Signed) Frank H. Sittan M.D.
(Address) 18 Princeton St.,
Date Nov (Month) 14th (Day), 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Woodlawn (Cemetery) Malden (City or town)
DATE OF BURIAL Nov 16, 1925

19 UNDERTAKER J. F. Whaley.
ADDRESS Winthrop.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Secretary Date of issue of permit Nov 16 1925 Permit No. 15

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

,000. 3567.

Dec. 14, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first, the** DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis. peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 274 Bordoni St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie Chapman Baxter
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 274 Bordoni St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 25 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, ~~widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of Herbert W. Baxter

6 AGE: Years 56 | Months 10 | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) St John,
(State or country) N. B.,

PARENTS

9 NAME OF FATHER Edward Willis
10 BIRTHPLACE OF FATHER (City) Hopewell Cape
(State or country) N. B.
11 MAIDEN NAME OF MOTHER Sarah Adams
12 BIRTHPLACE OF MOTHER (City) St John
(State or country) N. B.

13 Informant Herbert W. Baxter
(Address) 274 Bordoni St. Winthrop

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 17 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1925, to Nov 17, 1925, that I last saw her alive on Nov 17, 1925, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH was as follows:
Angina Pectoris.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 11/4/25
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) C P Wheaton M. D.
(Address) Winthrop Mass.
Date Nov. 19 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 11/20/25

19 UNDERTAKER C R Dennison
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert L. Smith M.D. Official position Secretary Date of issue of permit 11 9 25 Permit NO. 96 3

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County ..... State ..... Registered No. .....
City or Town Winthrop No. 440 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Cook
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 440 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... years ..... months ..... days. How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	-	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

9 NAME OF FATHER William Cook

10 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Mary Watson

12 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

13
Informant Wally W. Cook
(Address) 440 Pleasant St Winthrop

14
Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued Albert L. Smith
Official position Secretary Date of issue of permit Nov 19 1925 Permit No. 12

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. (Month) 17 (Day) 1925 (Year)

16
I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1925, to Nov. 17, 1925
that I last saw him alive on Nov. 16, 1925
and that death occurred, on the date stated above, at 8.10 a m.

The CAUSE OF DEATH was as follows:
Chronic myocarditis
Chronic Nephritis
arteriosclerosis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris
(duration) yrs. 6½ mos. ds.

17 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Eugene W. Dickinson, M.D.
(Address) Winthrop, Mass
Date Nov. 17, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills Boston (Cemetery) (City or town) — DATE OF BURIAL: Nov. 19/25

19 UNDERTAKER: O. S. Waterman & Son — ADDRESS: Boston

R. 1. WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

.000. 2567.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
~~City or~~ Town Winthrop No. 520 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sabina Raby
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 520 Pleasant St Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) Name of employer

8 BIRTHPLACE (City) Cambridge
(State or country Mass

PARENTS

9 NAME OF FATHER Francis Raby
10 BIRTHPLACE OF FATHER (City) Germany
(State or country)
11 MAIDEN NAME OF MOTHER Catherine Boosey
12 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

13
Informant James E Nelson
(Address) 520 Pleasant St. Winthrop Mass

14
Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith
Official position Secretary Date of issue of permit 11 9 '20 Permit No. 185

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 18, 1924
(Month) (Day) (Year)

16
I HEREBY CERTIFY, That I attended deceased from Nov 2, 1923, to Nov 18, 1924
that I last saw her alive on Nov 18, 1924
and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) Endocarditis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Horace J Seale M.D.
(Address) 160 Winthrop St Winthrop
Date Nov 19 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or Town)

DATE OF BURIAL Nov 21st '25

19 UNDERTAKER Wm T. Finn Winthrop

ADDRESS

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

000. 3567.

Nov. 18, 1925.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first, the** DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Registered No. 163

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Brookline
City or Town Brookline No. 150 Court Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christina Honan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 150 Court Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John F. Honan

6 AGE: Years 63 Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) Name of employer

8 BIRTHPLACE (City) Providence
(State or country) R.I.

PARENTS

9 NAME OF FATHER: William Murphy
10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
11 MAIDEN NAME OF MOTHER: Mary Lurk
12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant: Dan Honan Son
(Address) 150 Court Rd

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. (Month) 19 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1924, to Nov. 19, 1925, that I last saw h-w alive on Nov. 19, 1925, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) 1 yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Edward J. Granger M. D.
(Address) 7 Irvin St
Date Nov. (Month) 21 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Hood Brookline (Cemetery) (City or town) DATE OF BURIAL: Nov 23 25

19 UNDERTAKER: [illegible] ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Albert S. Smith Official position Sec'y. Date of issue of permit 11/22/25 Permit No. 487

8.39

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died;. . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Revere
Suffolk

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk (City or town) State Mass. Registered No.
City or Town Winthrop No. Community Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Powers
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 24 Crescent Ave St., Ward. Revere
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) .....
(State or country) Ireland

PARENTS

9 NAME OF FATHER John Casey

10 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Cannot be Learned

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Raymond Powers
(Address) Revere

14 Filed ..... (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued Albert S. Smith
Official position Sec'y. Date of issue of permit Nov. 19, 1925 Permit No. 982

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 18, 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1925, to Nov 18, 1925,
that I last saw h alive on Nov 18, 1925,
and that death occurred, on the date stated above, at 3 A.M.
The CAUSE OF DEATH was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. W. Burgess, M.D.
(Address) 24 Crescent Ave Revere
Date Nov 19, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden (City or town) — DATE OF BURIAL Nov 21

19 UNDERTAKER F. H. Farrell — ADDRESS Revere

INSTRUCTIONS: WHAT DISEASE CAUSED DEATH, should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

000. 3567.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop [redacted]
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town Winthrop [redacted] No. 151, Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Captain Joseph Ross
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 151 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred — years 11 months 16 days. How long in U. S., if of foreign birth? 42 years 6 months 5 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ida J. Taylor

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
70	10	19	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: President
(b) Name of employer: Ross Towboat Co.

8 BIRTHPLACE (City) Cape Sable Island
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Benjamin Ross

10 BIRTHPLACE OF FATHER (City) Cape Sable Island
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Mary Penney

12 BIRTHPLACE OF MOTHER (City) Cape Sable Island
(State or country) Nova Scotia

13 Informant Ida J. Ross (Wife)
(Address) 151 Pleasant St. Winthrop

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. (Month) 19 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 5 (about) 1925, to Nov. 19, 1925, that I last saw him alive on Nov 18, 1925, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH was as follows:

Chronic Glomerulo Nephritis.

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis Arteria Sclerosis

(duration) 3 yrs. + mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? FOR WHAT? No Date of

Was there an autopsy? No

If under one year, was infant Fed, Breast Fed?

What test confirmed diagnosis? Microscopic Chemical Analysis + C. Bragdon

(Signed) Horace C. Bragdon, M. D.

(Address) 7 Central Sq. East Boston

Date Nov (Month) 19 (Day) 1925 (Year) Mass

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL 11/22/25

19 UNDERTAKER Chas. A. Rollins

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Official position Secretary Date of issue of permit 11/21/25 Permit No. 98

IN B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

M
0,000

Nov. 19. 1923.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. ~~17 Columbia~~ St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) Winthrop Community

2 FULL NAME Ethel G. Baxter
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 17 Columbia St Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months 1 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Alexander H.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	32.			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Bartholomew Cotter

10 BIRTHPLACE OF FATHER (City) Boston
(State or country)

11 MAIDEN NAME OF MOTHER Jennie Manis

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

13
Informant Alexander Baxter
(Address) 17 Columbia St. Winthrop

14
Filed ~~Nov 21~~
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 21 1925
(Month) (Day) (Year)

16
I HEREBY CERTIFY, That I attended deceased from Nov. 20, 19~~25~~, to Nov. 21, 1925,
that I last saw h~~e~~r alive on Nov. 21, 1925,
and that death occurred, on the date stated above, at 8 30 P. m.
The CAUSE OF DEATH was as follows:

Eclampsia.
(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis and Pregnancy
(duration) ___ yrs. 6 mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Nov 21, 1925
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) George H Schwartz, M. D.
(Address) 43 Princeton St
Date November 21, 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden DATE OF BURIAL Nov 24 25
(Cemetery) (City or town)

19 UNDERTAKER P. F. Kirby ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Sec'y. Date of issue of permit 11/22/25 Permit No. 988

WHITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 330 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Fialco
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 330 Shirley St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Nathan

6 AGE: 69 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Russia

PARENTS

9 NAME OF FATHER: Isaac Storoff

10 BIRTHPLACE OF FATHER (City) (State or country): Russia

11 MAIDEN NAME OF MOTHER: Goldie Cannot be learned

12 BIRTHPLACE OF MOTHER (City) (State or country): Russia

13 Informant (Address): J. Boral 330 Shirley St.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. (Month) 23, (Day) 1925. (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1925, to Nov. 23, 1925, that I last saw her alive on Nov. 20th, 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH was as follows:

Chronic myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Albert Astrin M. D.

(Address) 150 Saint Drive, Winthrop

Date Nov. 24 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Everett, Jewish (Cemetery) (City or town)
DATE OF BURIAL: Nov. 24

19 UNDERTAKER: Warner & Stanetsky
ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 11-24-25 Permit NO. 850

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2664 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 10210 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. CHILDRENS HOSPT. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WALTER CLEMENS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 51 LOWELL ROAD St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	4	7	16	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country)

PARENTS

9 NAME OF FATHER FRED.RICK W

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country)

11 MAIDEN NAME OF MOTHER MARGARET BATES

12 BIRTHPLACE OF MOTHER (city or town) E.BOSTON
(State or country)

13 Informant MOTHER
(Address)

14 Filed NOV. 25, 1925 E.W.M. Glenen
Registrar of city or town where death occurred

Filed Jan. 23, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH NOV. 23 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from NOV. 22, 1925, to NOV. 23, 1925, that I last saw h IM alive on NOV. 23, 1925, and that death occurred, on the dated stated above, at 5.25A m.

The CAUSE OF DEATH was as follows:

PRIMARY BRONCHO-PNEUMONIA

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) GASTRO-ENTERITIS

(duration) yrs. mos. 1 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H.L.EMIDY M. D.

(Address)

Date NOV. 23 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MALDEN (HOLY CROSS)
(Cemetery) (City or town)

DATE OF BURIAL NOV. 25 1925

19 UNDERTAKER J.F.O'MALEY

ADDRESS WINTHROP

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winchester No. 178 Borden St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phebe Jane Durrwanger
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 178 Borden St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed ~~or divorced~~ HUSBAND ~~of~~ (or) WIFE ~~of~~ Andrew J. Durwanger

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	89	10		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Yarmouth
(State or country) N. S.

PARENTS

9 NAME OF FATHER Andrew Gavel

10 BIRTHPLACE OF FATHER (City) Yarmouth
(State or country) N. S.

11 MAIDEN NAME OF MOTHER Hannah Crocker

12 BIRTHPLACE OF MOTHER (City) Yarmouth
(State or country) N. S.

13 Informant Chas R Bennett
(Address) Winchester Mass

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 25 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1925, to Nov 25, 1925, that I last saw h e alive on Nov 24, 1925, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) C. G. Parker, M. D.

(Address) Winthrop Mass

Date Nov 27 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Pinelawn Mem Park
(Cemetery) (City or town)

DATE OF BURIAL 11 30/25

19 UNDERTAKER Chas F Bennett

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert L. Smith

Official position Secretary

Date of issue of permit 11 27 25

Permit No. 995

N. B.—WHITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . .until he has received a permit from the board of health or its agent. . .or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 10 2662 3.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Morris Indeck
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 258 Shirley St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: 29 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machinist
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Russia

PARENTS

9 NAME OF FATHER: Simon Indeck

10 BIRTHPLACE OF FATHER (City) (State or country): Russia

11 MAIDEN NAME OF MOTHER: Bessie Shamas

12 BIRTHPLACE OF MOTHER (City) (State or country): Russia

13 Informant: Mrs. Rose Cohen
(Address) 258 Shirley St.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Dec (Month) 3 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1925, to Dec 3, 1925, that I last saw him alive on Dec 3, 1925, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH was as follows:

Acute Impaction

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? No

If under one year, was infant Breast Fed? What test confirmed diagnosis? Surgical Observation

(Signed) A. L. B. Parker, M. D.
(Address) Winthrop Mass
Date Dec (Month) 3 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon (Cemetery) (City or town) DATE OF BURIAL: Dec 4 1925

19 UNDERTAKER: Manuel Silverstein ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith, M.D. Official position: Registrar Date of issue of permit 12/4/25 Permit No. 921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 10590 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. PETER BENT BRIGHAM HOSPT St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ERVANT PABUJIAN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 100 LOCUST St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of SADIE

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55		7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work TOBACCO DEALER
(b) Name of employer (RETIRED)

8 BIRTHPLACE (city or town) TURKEY
(State or country)

PARENTS

9 NAME OF FATHER -----

10 BIRTHPLACE OF FATHER (city or town) TURKEY
(State or country)

11 MAIDEN NAME OF MOTHER -----

12 BIRTHPLACE OF MOTHER (city or town) TURKEY
(State or country)

13 Informant WIFE
(Address)

14 Filed DEC. 8, 1925 E. W. McGlenen
Registrar of city or town where death occurred

Filed Jan 25, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 4. 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from DEC. 3, 1925 to DEC. 4, 1925, that I last saw h IM alive on DEC. 4, 1925, and that death occurred, on the dated stated above, at 4.20P. m.

The CAUSE OF DEATH was as follows:

CHRONIC MYOCARDITIS

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. H. WRIGHT, M. D.

(Address)

Date DEC. 5. 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP CE) (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL DEC. 7, 1925

19 UNDERTAKER LONG & MARGESON

ADDRESS WINTHROP

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died:...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation. the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County ~~Suffolk~~ State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop Mass No. 102 Shore Drive - Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Glauch
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 102 Shore Drive St., Winthrop Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 1 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of August Glauch

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	1	3	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (City) (State or country) New York

PARENTS

9 NAME OF FATHER Joseph Wohlschlegel

10 BIRTHPLACE OF FATHER (City) (State or country) Germany

11 MAIDEN NAME OF MOTHER Charlotte Poppenrath

12 BIRTHPLACE OF MOTHER (City) (State or country) Germany

13 Informant Mrs. Mary Louise
(Address) 2 Shore Drive Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December (Month) 6 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from November 7, 1925, to December 6, 1925, that I last saw h[illegible] alive on November 26, 1925, and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
Apoplexy

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? [illegible]
FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? Yes
If under one year, was infant Breast Fed?
What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.
(Address) [illegible]
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodlawn (Cemetery) Everett (City or town)
DATE OF BURIAL Dec 9 '25

19 UNDERTAKER [illegible]
ADDRESS 741 Broadway Everett

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Official position [illegible] Date of issue of permit 12/8 22 Permit No. 992

I. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

66,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

1 R-301

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)
County Suffolk State Mass Registered No.
~~City or~~ Town Winthrop No. 36 north ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret H. Noyes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 North ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William E. Noyes

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	-1-	2	

If STILLBORN, enter that fact here — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife
(b) Name of employer —

8 BIRTHPLACE (City) Patten
(State or country Maine

PARENTS

9 NAME OF FATHER William E Noyes

10 BIRTHPLACE OF FATHER (City) Nat Known
(State or country)

11 MAIDEN NAME OF MOTHER Nat Known

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13
Informant Son Warren W. Noyes
(Address) 36 North Ave

14
Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert T. Smith
Official position Secretary Date of issue of permit 12/9/25 Permit No. 993

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. (Month) 8 (Day), 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1925, to Dec 8, 1925,
that I last saw her alive on Dec 5, 1925
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH was as follows:
Apoplexy.

(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? ?
Did an operation precede death? yes Date of 6 weeks ago.
Was there an autopsy? no
What test confirmed diagnosis? Clinical.
(Signed) R Whayton, M.D.
(Address) Winthrop, Mass
Date Dec (Month) 9 (Day), 1925 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Lincoln Haven Cemetery (Cemetery) (City or town) DATE OF BURIAL Dec 10/25

19 UNDERTAKER Walter T. White ADDRESS Winthrop

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

00. 3567.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 10689 (Place of death)

Registered No. _____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEO. HOSPT. St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FRED HUTCHINSON
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 235 MAIN St.
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ALICE

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
53	4	11	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work CLERK
(b) Name of employer

8 BIRTHPLACE (city or town) WILMINGTON
(State or country)

PARENTS

9 NAME OF FATHER MERRILL

10 BIRTHPLACE OF FATHER (city or town) GREENFIELD
(State or country) N. H.

11 MAIDEN NAME OF MOTHER HARRIET N. NOURSE

12 BIRTHPLACE OF MOTHER (city or town) LYNN
(State or country)

13 Informant WIFE
(Address)

14 Filed DEC. 10, 1925 E. W. M. Glenen
Registrar of city or town where death occurred

Filed Jan 23, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 8. 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from DEC. 3. 1925, to DEC. 8, 1925, that I last saw h IM alive on DEC. 8, 1925, and that death occurred, on the dated stated above, at 8.40 m.

The CAUSE OF DEATH was as follows:

AC. STAPHYLOCOCCIC MENINGITIS

(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) AC. STAPH. OTITIS MEDIA, RT.

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) CONRAD WESSELHOEFT, M. D.

(Address) _____

Date DEC. 8, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL WINTHROP (WINTHROP CEM.) (Cemetery) (City or town)

DATE OF BURIAL DEC. 11, 1925

19 UNDERTAKER C. R. BENNISON

ADDRESS WINTHROP

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . . from the clerk of the town where the person died: . . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . .a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No: 20, Sargent St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Henry Stiles
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 4 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower.

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Ellen S. Stiles.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	X	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Warder.
(b) Name of employer Boston Elevated

8 BIRTHPLACE (City) Nrt Boylston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Henry Stiles

10 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Boylston Mass

11 MAIDEN NAME OF MOTHER Hannah M. Whitcomb.

12 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Boylston Mass.

13 Informant Zadok L. Stiles (son)
(Address) 20 Sargent St

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec (Month) 9 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 9, 1925, that I last saw h[im] alive on Dec 8, 1925, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) ___ yrs. ___ mos. 9+ ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) 2 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) C. U. S. Parker, M. D.

(Address) Winthrop Mass

Date Dec (Month) 10 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove (Cemetery) Milton (City or town) DATE OF BURIAL 12/11/25

19 UNDERTAKER Chas. J. Donovan ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith M.D. Official position Secretary Date of issue of permit 12-12-25 Permit No. 992

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

14,612

Medical Examiner's Certificate of Death

(Issued under the Provisions of General Laws, Chapter 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 409 Shirley St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas F. Broths

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 69 Almont St., Ward. Winthrop Mass

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	59			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Kitchen Man
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER John

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Catharine Morgan

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Michael Brooks
(Address) 69 Almont St

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 11 1925
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes;
Cardio-Vascular disease Associated with hypertension.
(Died Suddenly.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Geo. Burgess Magrath, M. D.

(Address)

Medical Examiner for Suffolk

Date Dec 12 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Calvary Boston
(Cemetery) (City or town)

DATE OF BURIAL 12 13 25
(Month) (Day) (Year)

19 UNDERTAKER John G O'Maley

ADDRESS Winthrop

20 Burial permit issued by ..... Official position .....

21 Date of issue DEC 13 1925

Permit No. 14217

WHEN FILLING, WRITE UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . **He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.**—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Rec. 11. 1925.

RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

14,613 Winthrop
(City or town)

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass Registered No.

City or Town Winthrop No. 37 Beal St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Warren Barker

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 37 Beal St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Barker

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	63	2	15	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Plasterer
(b) Name of employer:

8 BIRTHPLACE (City): Washington
(State or country): D. C.

PARENTS

9 NAME OF FATHER: George W Barker

10 BIRTHPLACE OF FATHER (City): Washington
(State or country): D. C.

11 MAIDEN NAME OF MOTHER: Catherine Gardner

12 BIRTHPLACE OF MOTHER (City): Fredericksburg
(State or country): Va.

13 Informant: Mrs Mary J. Barker
(Address): 37 Beal St Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Dec (Month) 11 (Day) 1925 (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes:
Cardio-vascular disease
associated with hypertension
(Died Suddenly)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Thos. Burgess Forsyth, M.D.

(Address)

Medical Examiner for Suffolk

Date (Month) Dec (Day) 11 (Year) 1925.

18 PLACE OF BURIAL, CREMATION, or REMOVAL: Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL: Dec 14-25. (Month) (Day) (Year)

19 UNDERTAKER: Frank E. Brown

ADDRESS: East Foxboro

20 Burial permit issued by: Albert S. Smith Official position: Secretary

21 Date of issue 12/15/25 Permit No. Winthrop 9052

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **supposably due to violence.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 11, 1925.

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 16, Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie McCarthy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of John J.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland.

PARENTS

9 NAME OF FATHER Patrick McDade

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland.

11 MAIDEN NAME OF MOTHER Mary Quinn

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland.

13 Informant John McCarthy
(Address) 16 Bowdoin St.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec (Month) 14 (Day) 1925 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to Dec 17, 1925, that I last saw h___ alive on Dec 14, 1925, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH was as follows:

Carcinoma of liver

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F Mahoney, M. D.

(Address) 386 Winthrop St

Date Dec 16 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL Dec 17 1925

19 UNDERTAKER John F. O'Malley ADDRESS Winn.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 12-17-25 Permit No. 799

31-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town) Registered No. 11010 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. PETER BENT BRIGHAM HOSP'L. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ERNEST I. WRY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 14 BROOKFIELD RD St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
46	3	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FLORIST
(b) Name of employer

8 BIRTHPLACE (city or town) SACKVILLE
(State or country) N.B.

PARENTS

9 NAME OF FATHER VALENTINE WRY

10 BIRTHPLACE OF FATHER (city or town) SACKVILLE
(State or country) N.B.

11 MAIDEN NAME OF MOTHER FRANCES E. WITHERELL

12 BIRTHPLACE OF MOTHER (city or town) SACKVILLE
(State or country) N.B.

13 Informant MRS. SMITH
(Address)

14 Filed DEC. 21, 1925 E. W. McGlenen
Registrar of city or town where death occurred

Filed Jan 23, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 17 1925
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from NOV. 24, 19 25, to DEC. 17, 1925,

that I last saw h IM alive on DEC. 17, 1925,

and that death occurred, on the dated stated above, at 4.45A m.

The CAUSE OF DEATH was as follows:

SUB-ACUTE GLOMERULAR NEPHRITIS

(duration) yrs. mos. 21 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? YES

What test confirmed diagnosis?

(Signed) L. H. WRIGHT, M. D.

(Address)

Date DEC. 17, 1925

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP CEM)
(Cemetery) (City or town)

DATE OF BURIAL
DEC. 19, 1925

19 UNDERTAKER
F. E. BROWN

ADDRESS
E. B.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died:...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 106 Bellevue Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edgar Bailey Drew.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 106 Bellevue Ave. Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Edith F. Drew.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	2	21	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Assistant Manager.
(b) Name of employer: Chapman Valve Co.

8 BIRTHPLACE (City) Boston.
(State or country) Mass.

PARENTS

9 NAME OF FATHER James F. Drew.

10 BIRTHPLACE OF FATHER (City) Dover
(State or country) Maine.

11 MAIDEN NAME OF MOTHER Julia C. Bailey.

12 BIRTHPLACE OF MOTHER (City) Portland.
(State or country) Maine.

13 Informant Edith F. Drew. wife
(Address) 106 Bellevue Ave

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec (Month) 22 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1925, to Dec 22, 1925, that I last saw h[illegible] alive on Dec 22, 1925, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH was as follows:

Edema of Lungs

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

Date 12 (Month) 22 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Dec 24, 1925

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory statement of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 12-24-25 Permit NO. 997

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 116

City or Town Boston No. 894 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Flynn
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 894 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Alice Flynn

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Halifax
(State or country) N. S.

PARENTS

9 NAME OF FATHER Thomas Flynn

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Elizabeth Shea

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Mrs. Alice Flynn (Wife)
(Address) 894 Shirley St. Winthrop

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 22 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July, 1922, to Dec 22, 1925, that I last saw h in alive on Dec 22, 1925, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Arteriosclerosis

(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Harry W. Petty, M. D.
(Address) 260 Pleasant St

Date 12 (Month) 23 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass.
(Cemetery) (City or town)

DATE OF BURIAL 12/26/25

19 UNDERTAKER R. C. Kirk

ADDRESS E Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary Date of issue of permit 12, 29, 25 Permit NO. 998

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2603 3

10-25

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent. or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

14,645.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

.....(City or town)

1 PLACE OF DEATH

County Suffolk State ..... Registered No. .....

City or Town Winthrop No. 14 Waldemar Ave St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Grace Ayres

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 Waldemar Ave St., ... Ward. .....

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 10 years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	57	8	17	

IF STILLBORN, enter that fact here .....

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher
(b) Name of employer Town of Winthrop

8 BIRTHPLACE (City) Newtonville
(State or country) Mass

PARENTS

9 NAME OF FATHER Walter M. Ayres

10 BIRTHPLACE OF FATHER (City) Weybridge
(State or country) Vt.

11 MAIDEN NAME OF MOTHER Nanette L. Cunningham

12 BIRTHPLACE OF MOTHER (City) Smith Ashburnham
(State or country) " "

13 Informant Miss Martha E. Ayres
(Address) 14 Waldemar Ave Winthrop

14 Filed Dec 31/25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 23, 1925
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: presumably Cardio-Vascular Disease

(Died Suddenly.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? .....

(Signed) Leon A. Burgess Magnatt, M.D.

(Address) .....

Medical Examiner for Suffolk

Date Dec 27 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Mass
Walnut Grove Cemetery Winthrop
(Cemetery) (City or town)

DATE OF BURIAL 12/26/25
(Month) (Day) (Year)

19 UNDERTAKER Chas. R. Brennan

ADDRESS Winthrop

20 Burial permit issued by Albert L. Smith Official position Secretary

21 Date of issue 12 29 25 Permit No. 999

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 23. 1925.

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 187 Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Waite Hampson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 187 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Edith Mooney

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	44	5	1	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumber.
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER William Hampson

10 BIRTHPLACE OF FATHER (City)
(State or country) New York.

11 MAIDEN NAME OF MOTHER Flora Kimball

12 BIRTHPLACE OF MOTHER (City)
(State or country) Dudley Mass.

13
Informant Edith Hampson
(Address) 187 Bowdoin St Winthrop Mass

14
Filed Dec 26 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 23 1925.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1924, to Dec 23, 1925, that I last saw h im alive on Dec 23, 1925, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

Chronic Myocarditis

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Observation

(Signed) Ray B Parker, M. D.

(Address) Winthrop Mass

Date Dec 24 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Fleety Hollow (Cemetery) Concord Mass (City or town) DATE OF BURIAL 12-26-25

19 UNDERTAKER Joseph Dee ADDRESS Concord Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary Date of issue of permit. 2 26 25 Permit NO. 1001

79-200.000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

14,646

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 44 Winthrop St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Chaffee Davis

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 44 Winthrop St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E.

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	70	7	14	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Supt
(b) Name of employer

8 BIRTHPLACE (City) South Kingstone R.I.
(State or country)

PARENTS

9 NAME OF FATHER William J. Davis

10 BIRTHPLACE OF FATHER (City) Kingstone R.I.
(State or country)

11 MAIDEN NAME OF MOTHER Ann A. Chaffee

12 BIRTHPLACE OF MOTHER (City) Providence R.I.
(State or country)

13 Informant Mary E. Davis
(Address) 44 Winthrop St

14 Filed Dec. 26, 25
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 24, 1925
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Character indeterminate, presumably Cardio-vascular disease.

(Died Suddenly.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Henry Burgess Magnuson, M.D.

(Address)

Medical Examiner for Suffolk

Date (Month) Dec 25 (Day) 1925 (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL (Month) Dec 27-25. (Day) (Year)

19 UNDERTAKER Frank E. Brown

ADDRESS East Boston

20 Burial permit issued by Albert S. Smith Official position Sec'y

21 Date of issue Dec. 26, 1925 Permit No. 1051

O.K.a

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Newton
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Newtonville No. 626 Pleasant St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Effie May Sargent
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 626 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years 7 months 1 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edward E. Sargent

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	5	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer " " "

8 BIRTHPLACE (City) Lynn
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles E. Jay

10 BIRTHPLACE OF FATHER (City) Burbank
(State or country) Me

11 MAIDEN NAME OF MOTHER Alice M. Hudson

12 BIRTHPLACE OF MOTHER (City) Bucksport
(State or country) Me

13
Informant Edward E. Sargent
(Address) 626 Pleasant St Newtonville

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 27 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec., 1921, to Dec. 27, 1925, that I last saw h[illegible] alive on Dec. 26, 1925, and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH was as follows:

Myocarditis.
Pyelonephritis
Renal Stone

(duration) 15 yrs. mos. ds.

CONTRIBUTORY Pulmonary Edema. Cerebral Hemorrhage
(SECONDARY)
(duration) yrs. mos. 2 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. H. Burnett, M. D.
(Address) 520 Commonwealth Ave Boston
Date Dec. 27 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)
DATE OF BURIAL 12/29/25

19 UNDERTAKER Chas. R. Brennan
ADDRESS Newtonville

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Official position Secretary Date of issue of permit 12/29/25 Permit No. 1[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

33-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 27 Crystal Cove Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Murphy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 27 Crystal Cove Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER John Murphy

10 BIRTHPLACE OF FATHER (City) Halifax
(State or country) N. S.

11 MAIDEN NAME OF MOTHER Mary Creegen

12 BIRTHPLACE OF MOTHER (City) Exeter
(State or country) N. H.

13 Informant John Murphy
(Address) 27 Crystal Cove Ave

14 Filed ____ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 29 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1925, to Dec 29, 1925,
that I last saw h____ alive on ____, 19____,
and that death occurred, on the date stated above, at ____ m.
The CAUSE OF DEATH was as follows:

Still Born

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(SECONDARY)
____ (duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible] M. D.
(Address) 366 Winthrop St
Date Dec 29 1925
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels (Cemetery) Boston (City or town)
DATE OF BURIAL Dec 31, 1925

19 UNDERTAKER John T. O'Malley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Official position Secretary Date of issue of permit 12-31-25 Permit No. 123

13-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 145 Bartlett Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James H. Sheridan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 145 Bartlett Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rubber
(b) Name of employer Comb Factory

8 BIRTHPLACE (City) No Brookfield
(State or country) Mass

PARENTS

9 NAME OF FATHER Michael

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Anastisa Cummings

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Mrs Gould
(Address) 145 Bartlett Rd.

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 29 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Dec 29, 1925, that I last saw him alive on Dec 27, 1925, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C J Mahoney M. D.
(Address) 266 Winthrop St
Date Dec 30, 1925.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St Bernards Fitchburg
(Cemetery) (City or town)

DATE OF BURIAL 12/31/25

19 UNDERTAKER John F O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Official position Secretary Date of issue of permit 12/31/25 Permit NO.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

53-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1162
City or Town ~~Boston~~ Winthrop No. 12, Prescot St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James P. Saunders
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 12 Prescot St. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	WHITE	Widower

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Margaret Dolter

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	80			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER James P. Saunders

10 BIRTHPLACE OF FATHER (City)
(State or country)

11 MAIDEN NAME OF MOTHER Sarah

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13
Informant Mrs John J. Hobbs (Daughter)
(Address) 12 Prescott St.

14
Filed Jan 2 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 30 (Day) 25 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Nov, 1925, to 12-30, 1925,
that I last saw h[e] alive on 12-30, 1925,
and that death occurred, on the date stated above, at 2 p m.
The CAUSE OF DEATH was as follows:
Edema of lungs.

(duration) ___ yrs. ___ mos. ___ ds.
CONTRIBUTORY General Uremia Sclerosis
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? ___ Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?
(Signed) Harry A. Kelly, M. D.
(Address) 200 Clarendon St
Date 12 (Month) 27 (Day) 25 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Hood Brookline
(Cemetery) (City or town)
DATE OF BURIAL Jan/2 19 26

19 UNDERTAKER R. C. Kurley
ADDRESS E. Boston.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith A.S.
Official position Secretary Date of issue of permit 1/2/26 Permit NO. 1005

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2663 3

10-25

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent. or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Miami a
(City or town)

1 PLACE OF DEATH
County Dade State Fla. Registered No.

City or Town Miami No. 1208 South East First St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Virginia Bunnell
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 123 Hermon St St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	22	2		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stenographer
(b) Name of employer

8 BIRTHPLACE (City) Revere
(State or country) Mass

PARENTS

9 NAME OF FATHER Isaace Bunnell

10 BIRTHPLACE OF FATHER (City) Mestoppen
(State or country) Pa

11 MAIDEN NAME OF MOTHER Nettie G Gay

12 BIRTHPLACE OF MOTHER (City) Lornevell
(State or country) N. S.

13 Informant Nettie G Bunnell (Mother)
(Address) 123 Hermon St Winthrop

14 Filed DEC-5 1925
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH ___
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ___, M. D.

(Address) ___

Date ___
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood, Everett
(Cemetery) (City or town)

DATE OF BURIAL 12/7/25

19 UNDERTAKER H. D. Kistee.

ADDRESS Saugus.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued ___

Official position ___

Date of issue of permit ___

Permit No. 7393

113-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Express it must be attached to the Waybill to destination.

County Dade

STATE BOARD OF HEALTH OF FLORIDA
BUREAU OF VITAL STATISTICS

Permit No. 1605

Precinct (Write name, not number)
or
Inc. Town
or
City Miami

Removal and Burial Permit

Reg. Dist. No. 1101

Full name Virginia Bunnell Age 22; Sex F; Color W

Disease causing Death Gen. Peritonitis

Date of death 11-28-25, 19

Removal to Boston Mass., via F.E.C. & A.C.L. R.R. & Penn. Nyn & H

Undertaker Terry, Co Address

A Certificate of Death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the removal and burial of the body of said deceased person as stated above.

Dated Nov. 29 1925 Registrar's Signature [illegible]

Burial Permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the Removal Permit, the body must be accompanied by a Transit Label as required by the State Board of Health. For full particulars see Rules and Regulations governing the transportation of dead bodies.

Sexton's Signature Date of Interment, 192

This permit must be indorsed by the sexton and returned to the Local Registrar of his district within ten days. If there is no sexton or person in charge of burial ground, the undertaker or person acting as such, shall sign same as sexton, giving date of interment. Write across face of permit the words, "NO PERSON IN CHARGE," and return to Local Registrar of the district in which interment is made within ten days.

INSTRUCTIONS TO PASSENGER ACCOMPANYING REMAINS

This Burial and Removal Permit must be filled out by the Local Registrar of the registration district in which the death occurred from information stated on the Death Certificate, over his signature.

The transportation company's agent or baggagemaster must detach this portion of the permit and hand it to the person authorized to accompany the remains.

If the body is shipped by express, the express agent must detach this portion of the Transit Permit and attach it to the Waybill, as it must accompany the remains to its destination. The receiving agent to turn over this Permit to the receiving undertaker, or person to whom the body is delivered.

The passenger accompanying the remains must deliver this Permit to the undertaker or person having charge of the burial of the body.

This permit authorized the burial of the body of the deceased named on the reverse side of this Permit at any place in the State of Florida.

ORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK -- THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 212 1124

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass Hosp. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Howard E. Hodgdon (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Summit Ave. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Marr.

5a If married, widowed, or divorced HUSBAND of ——— (Give maiden name of wife in full) (or) WIFE of ——— (Husband's name in full)

6 Age of husband or wife if alive ——— years

7 IF STILLBORN, enter that fact here.

8 AGE 29 Years 8 Months 3 Days | If less than 1 day ——— Hours ——— Minutes

9 Usual Occupation: Salesman

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Watertown

PARENTS

13 NAME OF FATHER George Edmund E. Hodgdon

14 BIRTHPLACE OF FATHER (City) (State or country) Saco Me.

15 MAIDEN NAME OF MOTHER Minnie Leavitt

16 BIRTHPLACE OF MOTHER (City) (State or country) Saco, Me. Saco

17 Informant (Address) Mrs E. Hodgdon (Relation, if any)

A TRUE COPY. ATTEST: ——— (Registrar of city or town where death occurred)

DATE FILED 3/2/25 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 26, 1925 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ———, 19——, to ———, 19——

I last saw h——— alive on ———, 19——, death is said to have occurred on the date stated above, at ——— m.

Duration

Immediate cause of death ———

Chronic cholecystatis

Due to Bronchopneumonia

(Gall stones found)

Due to ———

Other conditions (Include pregnancy within 3 months of death) ———

Major findings: Of operations Opn. 2/25/25 Cholecystatomy Date of ———

Of autopsy ——— What test confirmed diagnosis? ———

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ———

If so, specify ———

(Signed) H. M. Pollock, M. D.

(Address) ——— Date 19——

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)

DATE OF BURIAL 3/2/25 19

22 NAME OF FUNERAL DIRECTOR J. E. Henderson

ADDRESS Winthrop

Received and filed 19——

(Registrar of City or Town where deceased resided)

RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

14,668

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

.....(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. .....

City or Town Winthrop No. 82 Fremont St., Ward .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Amelia Williams

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 82 Fremont St., Ward. .....

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 17 years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H.

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	78	10	15	

IF STILLBORN, enter that fact here .....

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home.
(b) Name of employer .....

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Joseph J. Bagdon

10 BIRTHPLACE OF FATHER (City) Canada (or Canada)
(State or country) Maine

11 MAIDEN NAME OF MOTHER Sarah Foster

12 BIRTHPLACE OF MOTHER (City) Canada (or Canada)
(State or country) N.Y.

13 Informant Mrs. Ethel A. Walker
(Address) 82 Fremont St. Winthrop

14 Filed 1-5-26 REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 1, 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Presumably cardio-vascular disease.

(Sud. Sudden)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? .....

(Signed) Geo. A. Burgess Magrath, M.D.

(Address) .....

Medical Examiner for Suffolk.

Date Jan 1 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Woodlawn Malden
(Cemetery) (City or town)

DATE OF BURIAL Jan. 4-26
(Month) (Day) (Year)

19 UNDERTAKER R. Thomas

ADDRESS Dorchester

20 Burial permit issued by Albert L. Smith Official position Secretary

21 Date of issue 1/4/26 Permit No. 1500

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

25-200,000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 19 Bates Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James F. Dempsey.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 19 Bates Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nellie F.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager
(b) Name of employer

8 BIRTHPLACE (City) Middletown
(State or country) Conn.

PARENTS

9 NAME OF FATHER Michael

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Margaret Mann

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland.

13 Informant Mrs Nellie F. Dempsey
(Address) 19 Bates Ave.

14 Filed Jan 5 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 3 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1925, to Jan 3, 1926, that I last saw him alive on Jan. 3, 1926, and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Granger, M. D.
(Address) 7 Sumner St.
Date Jan 4 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL 1/5/26.

19 UNDERTAKER John F. Maley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith Official position Secretary Date of issue of permit 1/4/26 Permit No. 1007

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

0,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk. State Mass — (City or town) Registered No.
~~City or~~ Town Winthrop No. ~~183~~ 185 Woodside Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mina Volber Eberhardt.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 185 Woodside Ave — St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 years — months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernst Eberhardt

6 AGE Years 75 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here — — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer —

8 BIRTHPLACE (City) Germany
(State or country)

PARENTS

9 NAME OF FATHER William Volber

10 BIRTHPLACE OF FATHER (City) Germany
(State or country)

11 MAIDEN NAME OF MOTHER Louie, Von Franck

12 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

13 Informant Daughter
(Address) Mrs A. F. Downing

14 Filed 1 / 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 4 (Day), 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct, 1923, to 1-4, 1924
that I last saw h[illegible] alive on 1-4, 1924
and that death occurred, on the date stated above, at 11.40 p.m.
The CAUSE OF DEATH was as follows:

Carcinoma of Gall Bladder & Intestines

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

17 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Thurston Ashley, M.D.
(Address) 210 Clement
Date 1 (Month) 4 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL 1384. Lutheran Cemetery (Cemetery) Brooklyn N. Y. (City or town) | DATE OF BURIAL cremated 1/7/26

19 UNDERTAKER Walter T. White | ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith, P.S. Official position Secretary Date of issue of permit 1/5/26 Permit No. 1008

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County

Township Winthrop
or
Village
or
City (No. Station Hospital, Ft. Banks, Mass.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

2 FULL NAME Amos Alexander Alden

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: May (Month) 18 (Day), 1907 (Year)

7 AGE: 18 yrs. 3 mos. 21 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Army

9 BIRTHPLACE (State or country): Maine

PARENTS

10 NAME OF FATHER: Amos Allen Alden

11 BIRTHPLACE OF FATHER (State or country): Maine

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Massachusetts

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Elldon (Sister)

(Address) 21 Tolhrop St. Beverly Mass

15

Filed Jan 15/26 19__

REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 9 (Day), 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from November 11, 1925, to January 8, 1926, that I last saw him alive on January 8, 1926, and that death occurred, on the date stated above, at 6.40A m.

The CAUSE OF DEATH* was as follows:

Septicemia, General

(Duration) ____ yrs. 6 mos. ____ ds.

Contributory (SECONDARY) Multiple Hepatic Abscesses

(Duration) ____ yrs. 6 mos. ____ ds.

(Signed) A.W. Greenwell, Major, M.C. U.S.

January 10 1926 (Address) Ft. Banks, Mass

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 0 yrs. 1 mos. 28 ds. In the State 0 yrs. 1 mos. 28 ds.

Where was disease contracted, if not at place of death? Fort McKinley, Maine

Former or usual residence: Fort McKinley, Maine

19 PLACE OF BURIAL OR REMOVAL: [illegible]

DATE OF BURIAL: [illegible], 1926

20 UNDERTAKER: C.R. Hennison,

ADDRESS: Winthrop, Mass

Albert E. Smith, Secretary

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 59 Lewis Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine W. Crisola
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 59 Lewis Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank

6 AGE: Years 48; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Ireland

PARENTS

9 NAME OF FATHER: Patrick Hickman
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Helen O'Neil
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Clyde Crisola
(Address) 59 Lewis Ave

14 Filed Jan 15 1926 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January (Month) 10 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 5, 1925, to Jan 10, 1926, that I last saw her alive on Jan 9, 1926, and that death occurred, on the date stated above, at 7:30 P.m.

The CAUSE OF DEATH was as follows:
Cancer of pancreas + stomach
Probable -
(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Sept 1-1925
Was there an autopsy? no
What test confirmed diagnosis? exploratory lap.
(Signed) R W Leighton M. D.
(Address) Winthrop, Mass
Date Jan 11 1926 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL 1/13/26

19 UNDERTAKER: Lee & Riley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert E. Smith Official position Secretary Date of issue of permit 1.2.25 Permit NO. 1210

43-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

22-200,000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass. Registered No.
City or Town Winthrop No. 45, Temple Ave ~~St.~~ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederic Nelson Barbour.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 45 Temple Ave. ~~St.~~ Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Norah Johnson Barbour

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	10	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Portland.
(State or country) Maine.

PARENTS

9 NAME OF FATHER Charles Nelson Barbour

10 BIRTHPLACE OF FATHER (City) Portland.
(State or country) Maine.

11 MAIDEN NAME OF MOTHER Unable to obtain

12 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

13 Informant Norah Johnson Barbour wife.
(Address) 45 Temple Ave.

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 13 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I saw h alive on ___, 19___, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:

Probably Diabetes Mellitus

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health.
Date Jan 14 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Jan. 17. 1926

19 UNDERTAKER Charles H. Benson ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith Official position Secretary Date of issue of permit 1. 19. 26 Permit NO. 1212

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

00,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 89 Upland Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Gunn
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 89 Upland Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	7	6	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at school
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country)

PARENTS

9 NAME OF FATHER Patrick J. Gunn

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Delia L. Robinson

12 BIRTHPLACE OF MOTHER (City)
(State or country) Boston

13 Informant Elia L. Gunn
(Address) 89 Upland Rd Winthrop

14 Filed ... 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 13 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926 to Jan 13, 1926
that I last saw h... alive on Jan 13, 1926
and that death occurred, on the date stated above, at 7.45 P.M.
The CAUSE OF DEATH was as follows:

Lobar pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Anthony M.D.

(Address) 356 Winthrop St

Date Jan 14 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
St Joseph (Cemetery) Boston (City or town)

DATE OF BURIAL 1/16/26

19 UNDERTAKER P. J. Brady & Son

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position Albert L. Smith Secretary

Date of issue of permit 1/15/26 Permit No. 1011

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass. Registered No.
City or Town Winthrop No. 9 Marshall St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert McLean.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 9 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 28 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Fannie McLean.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	5	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia.

PARENTS

9 NAME OF FATHER Robert McLean.

10 BIRTHPLACE OF FATHER (City) Halifax,
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Mary ——

12 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia

13 Informant Mrs. Fannie McLean wife
(Address) 9 Marshall St.

14 Filed 1-24-26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 1, 1, 26 Permit No. 1823

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 14 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to Jan 14, 1926, that I last saw him alive on Jan 13, 1926, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH was as follows:

Acute Dilatation heart

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P Tinkham M. D.

(Address) 232 Winthrop St

Date Jan 14 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Jan. 16. 1926

19 UNDERTAKER Harry P Bannister

ADDRESS Winthrop

23-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

.000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

Registered No. 38 (Place of death)

Registered No. ..... (Place of residence)

1 PLACE OF DEATH

County Suffolk State Mass.

City or Town Chelsea No. Soldiers' Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elihu L. Vaughn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 11 years 1 months 8 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cannot be learned

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	1	2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teamster
(b) Name of employer retired

8 BIRTHPLACE (city or town) .....
(State or country) So. Boston, Mass.

PARENTS

9 NAME OF FATHER James

10 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Boston, Mass.

11 MAIDEN NAME OF MOTHER Julia Sherman

12 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Me.

13 Informant Hospital Record
(Address) Soldiers' Home in Mass.

14 Filed Jan. 19, 1926 Registrar of city or town where death occurred
Filed Feb. 23, 1926 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 16, 1926 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1914, to Jan. 16, 1926, that I last saw h im alive on Jan. 16, 1926 and that death occurred, on the date stated above, at 10.55 p m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia.

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. 1 ds.

17 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clin. sym.

(Signed) Chester P. Brown, M.D.

Jan 16, 1926 (Address) Soldiers' Home Chelsea

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop, Winthrop — DATE OF BURIAL: Jan. 20 1926

19 UNDERTAKER: Arthur F. Douglass — ADDRESS: Chelsea

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 80 Washington Ave. Winthrop. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David J. Mahoney
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 80 Washington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Hannah T. Boyce.

6 AGE: Years 57; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hotel Proprieter
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Randolph, Mass.

PARENTS

9 NAME OF FATHER: John

10 BIRTHPLACE OF FATHER (City) (State or country): Ireland

11 MAIDEN NAME OF MOTHER: Hannah Quirk

12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Wife
(Address)

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Jan. (Month) 21 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 26 -, 1925, to Jan. 21, 1926, that I last saw h im alive on Jan. 20, 1926, and that death occurred, on the date stated above, at 10.46 A. m.

The CAUSE OF DEATH was as follows:

(a) Cirrhosis Interstitial Nephritis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis.

(duration) yrs. 6 mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Edward J. Granger, M. D.
(Address) 7 Quincy St.
Date Jan. (Month) 22 (Day) 1926. (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) (City or town)
DATE OF BURIAL: Jan 25 1926

19 UNDERTAKER: John H. Lavery & Son
ADDRESS: 30 Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith N.D. Official position Secretary Date of issue of permit 4/22/26 Permit NO. 1014

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 15 James Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wayne B. Littlefield
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 James Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Evelyn

6 AGE: Years 52 | Months 5 | Days 14 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stair Builder
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Lyman Me

PARENTS

9 NAME OF FATHER: Cyrus K Littlefield
10 BIRTHPLACE OF FATHER (City) (State or country): Lyman Me
11 MAIDEN NAME OF MOTHER: Nancy A. Welch
12 BIRTHPLACE OF MOTHER (City) (State or country): Lyman Me

13 Informant: Mrs Littlefield
(Address): 15 James Ave Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Official position. Date of issue of permit. Permit NO 16

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 21 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July, 1925, to January 21, 1926, that I last saw h in alive on January 21, 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH was as follows:

Leukemia

Terminal (duration) 1 yrs. — mos. — ds.
CONTRIBUTORY Pneumonia
(SECONDARY) 15 hours (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laby

(Signed) Orville E Dolwood M. D.
(Address) 12 S Washington St
Date January 22/26 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: Jan 24-26

19 UNDERTAKER: Frank E. Brown ADDRESS: East Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston notified

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marcia E. Wilkie
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 47 Princeton St., Ward. E. Boston
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred — years — months 3 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of William F. Wilkie

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
25	—	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Charles R. Harris

10 BIRTHPLACE OF FATHER (City) Nashua.
(State or country) N. H.

11 MAIDEN NAME OF MOTHER Mary E. Harris

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

13 Informant Wm. F. Wilkie (Husband)
(Address) 47 Princeton St. East Boston

14 Filed Jan 26 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 24, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from January 21, 1926, to January 24, 1926, that I last saw h~~er~~ alive on January 24, 9.30 P.M., 1926, and that death occurred, on the date stated above, at 10 10 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) 1 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ~~Yes~~ FOR WHAT? No Date of Jan 21. 26

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Geo. H. Seaward, M. D.

(Address) 43 Bowdoin St.

Date January 25. 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewarth-Nashua N.H.
(Cemetery) (City or town)

DATE OF BURIAL 1/27/26

19 UNDERTAKER Charles A. Rollins

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 1/25/26 Permit NO. 1116

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXM
3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk. State Mass. Registered No.
City or Town Winthrop No. 64 Lincoln St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Cylina Runnels
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 64 Lincoln St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of William H. Runnels

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58	8	11	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Hanover.
(State or country) New Hampshire.

PARENTS

9 NAME OF FATHER Truman Kinney

10 BIRTHPLACE OF FATHER (City)
(State or country) New Hampshire.

11 MAIDEN NAME OF MOTHER unable to obtain

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant William H. Runnels.
(Address) 64 Lincoln St. (this town)

14 Filed Jan 27 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 25 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1926, to Jan 25, 1926, that I last saw h er alive on Jan 24, 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

(duration) 5 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) C. F. Worthington, M. D.

(Address) Winthrop Town

Date Jan 26 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Lincoln (Cemetery) (City or Town) — DATE OF BURIAL 1-27-26

19 UNDERTAKER Charles M. Stevenson — ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Robert E. Smith Official position Secretary Date of issue of permit 1/27/26 Permit No. 1018

47.

23-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 17 Bayview Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jermiah Curran
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 17 Bayview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months 14 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	80			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland

PARENTS

9 NAME OF FATHER Curran

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Unkown

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant Joseph Curran
(Address) 17 Bayview Ave

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan (Month) 25 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1926, to Jan 23, 1926, that I last saw h[illegible] alive on Jan 23, 1926, and that death occurred, on the date stated above, at 9. P m.

The CAUSE OF DEATH was as follows:

Broncho-pneumonia

(duration) ___ yrs. ___ mos. 15 ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Ernest K Burke, M. D.
(Address) 60 Bayswater St E B
Date Jan (Month) 26 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Jan 27, 26

19 UNDERTAKER William A. Treanor ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary Date of issue of permit 1/26/26 Permit No. 1017

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

M
-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winchester No. 241 Washington ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Frances Hibbard
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 241 Washington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of: William S. Hibbard

6 AGE: Years 53 Months 1 Days 17 If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) Name of employer —

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER: unable to obtain

10 BIRTHPLACE OF FATHER (City): " " "
(State or country) — " " —

11 MAIDEN NAME OF MOTHER: " " "

12 BIRTHPLACE OF MOTHER (City): " " " "
(State or country) " " — —

13 Informant William S. Hibbard
(Address) 241 Washington ave Winchester

14 Filed Jan 16 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 30 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from January 28, 1926, to January 30, 1926, that I last saw her alive on January 30, 1926, and that death occurred, on the date stated above, at 7:48 A. m.

The CAUSE OF DEATH was as follows:
Cerebral Hemmorrhage.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis.
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jacob Abrams M. D
(Address) 562 Shirley Street Winthrop
Date January 30 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winchester Winchester
(Cemetery) (City or town)

DATE OF BURIAL 2/1/26

19 UNDERTAKER C R Dennison

ADDRESS Winchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Official position Secretary Date of issue of permit 2/1/26 Permit NO. 1619

23-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

~~City or~~ Town Winthrop No. 59 Cottage ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline K. Rowe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 59 Cottage Ave St., Ward.
(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 36 years — months — days. — How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Joshua K Rowe

6 AGE — Years: 84 — Months: 1 — Days: 10 — If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here: —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None.
(b) Name of employer: —

8 BIRTHPLACE (City) (State or country): Rockland Maine.

PARENTS

9 NAME OF FATHER: Richard Keating

10 BIRTHPLACE OF FATHER (City) (State or country): Not known — Maine

11 MAIDEN NAME OF MOTHER: Lilian Snow

12 BIRTHPLACE OF MOTHER (City) (State or country): Rockland. Maine.

13 Informant: Edward S. Snow.
(Address) 59 Cottage Ave. Winthrop Mass

14 Filed Feb. 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Jan 30 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1926, to Jan 30, 1926, that I last saw h[illegible] alive on Jan 30, 1926, and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH was as follows:

Chronic bronchitis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) R. B. Parker, M. D.

(Address) Winthrop

Date Feb 1 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Rockland Maine
(Cemetery) (City or town)

DATE OF BURIAL: Feb 3/26

19 UNDERTAKER: Walter T. White

ADDRESS: W[illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith

Official position Secretary

Date of issue of permit 2/1/26

Permit No. 1[illegible]2

23-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

14,720

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop - Winthrop Community Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carlton L. Howe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop - 215 Court Rd St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Eleanor G. Howe

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	68	2	25	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Night Clerk at
(b) Name of employer Pettingell & Andrews Boston Mass

8 BIRTHPLACE (City) Valcour
(State or country) Valcour N. Y.

PARENTS

9 NAME OF FATHER Leonard C. Howe

10 BIRTHPLACE OF FATHER (City) Hemmiker
(State or country) N. Y. N. H.

11 MAIDEN NAME OF MOTHER Milleson Day

12 BIRTHPLACE OF MOTHER (City) Valcour Valcour
(State or country) N. Y.

13 Informant Chas W. Howe.
(Address) 145 Washington Winthrop

14 Filed Feb. 10 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 31, 1926
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Burns to the head, back and arms with associated toxaemia, caused by a conflagration.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Geo. Bryan Wright, M.D.

(Address)

Medical Examiner for Suffolk

Date Feb 1 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL 2-3-26
(Month) (Day) (Year)

19 UNDERTAKER Chas. R. Emmons

ADDRESS Winthrop

20 Burial permit issued by Albert L. Smith Official position Secretary 21 Date of issue 2-2-26 Permit No. 112

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 43 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 31, 1926

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 21 Loring Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine E. Barnes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 21 Loring Rd. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 years months days. How long in U. S., if of foreign birth? 40 years months days
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	48	9	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Attendant
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Scotland ?

PARENTS

9 NAME OF FATHER: John B. Barnes

10 BIRTHPLACE OF FATHER (City) (State or country): Scotland

11 MAIDEN NAME OF MOTHER: Helen Cameron

12 BIRTHPLACE OF MOTHER (City) (State or country): Scotland

13 Informant: Mrs. E. W. Barnes
(Address) 21 Loring Road, Winthrop

14 Filed Feb. 10/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 31 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1925, to January 31, 1926, that I last saw her alive on January 31, 1926, and that death occurred, on the date stated above, at 8:40 p.m.

The CAUSE OF DEATH was as follows:

Intestinal Nephritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Acute Hepatitis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of No

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 408 Warren Chambers Boston

Date Feb 3 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge (Cemetery) Cambridge (City or town) DATE OF BURIAL Feb. 3, '26

19 UNDERTAKER: E. A. Rollins ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith Official position Secretary Date of issue of permit 2/2/26 Permit No. 1322

XM
-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County _____ State _____ Registered No. _____
City or Town Winthrop No. 174 Winthrop St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert N. Upham
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 231 Court St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lulie O

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
78	11	30	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Norwich
(State or country) Conn

PARENTS

9 NAME OF FATHER Nehemiah Upham

10 BIRTHPLACE OF FATHER (City) Thompsonville
(State or country) Conn

11 MAIDEN NAME OF MOTHER Electa Huttemore

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant Lulie L. Upham
(Address) 231 Court St Winthrop

14 Filed Feb 2 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 2 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Feb 2, 1926, that I last saw him alive on Feb 2, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Chronic endocarditis

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (SECONDARY) Cerebral Embolism

(duration) ____ yrs. ____ mos. 14 ds

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus Septicemia

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass

Date Feb 2 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Norwich Falls (Cemetery) Norwich Conn (City or town) DATE OF BURIAL Feb 6/26

19 UNDERTAKER J. S. Waterman & Sons ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary Date of issue of permit 2/9/26 Permit No. 1123

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 19 South Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George E. Wells
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 South Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Katherine E.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER George R.

10 BIRTHPLACE OF FATHER (City) Newburyport
(State or country) Mass

11 MAIDEN NAME OF MOTHER Sarah Gale

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant William Wells
(Address) 14 South Ave

14 Filed Feb 12 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 4 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Feb. 4, 1926, that I last saw h[e] alive on Feb. 1, 1926, and that death occurred, on the date stated above, at 8.45 A.M.

The CAUSE OF DEATH was as follows:
Chronic myocarditis
Endocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P. F. Mahoney M. D.
(Address) 246 Lincoln St
Date Feb. 5 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary (Cemetery) Boston (City or town) DATE OF BURIAL: Feb 6, 1926

19 UNDERTAKER John F. Mealey ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert J. Smith Official position Secretary Date of issue of permit 2/5/26 Permit NO. 1227

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town) Registered No.
~~City or~~ Town Winthrop No. 19 Beal St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice E. Godfrey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 19 Beal St St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred — years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank W. Godfrey

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	11	21	

If STILLBORN, enter that fact here — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer —

8 BIRTHPLACE (City) Melrose
(State or country) Mass.

PARENTS

9 NAME OF FATHER Hollis Morrill

10 BIRTHPLACE OF FATHER (City) Don't know
(State or country)

11 MAIDEN NAME OF MOTHER Mazie Flood

12 BIRTHPLACE OF MOTHER (City) Don't know
(State or country)

13 Informant Son Kenneth H. Godfrey
(Address) 19 Beal St Winthrop Mass.

14 Filed 2-11-1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 9 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 4, 1926, to Feb 9, 1926, that I last saw h alive on Feb 4 1926 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. 1 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) 386 Winthrop St
Date Feb. 9 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Everett Cemetery
(Cemetery) (City or town)
DATE OF BURIAL 2-13-26

19 UNDERTAKER Walter I. White
ADDRESS Winthrop Mass.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith M. D.
Official position Secretary
Date of issue of permit 2/11/26 Permit No. 1025

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Winthrop Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marion Barker
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 566 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years | Months | Days: 5 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER William P. Barker
10 BIRTHPLACE OF FATHER (City) East Boston.
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Anna Lyudow
12 BIRTHPLACE OF MOTHER (City) Boston.
(State or country) Mass.

13 Informant William P Barker father
(Address) 566 Shirley St

14 Filed Feb. 11 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 10 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from February 5, 1926, to February 10, 1926, that I last saw h alive on Feb. 10, 1926, and that death occurred, on the date stated above, at 6:10 A.m.

The CAUSE OF DEATH was as follows:
Purpura Hemmorhagica
Hemorrhagic Disease of the New-Born
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Jacob Abrams M. D.
(Address) 162 Shirley St Winthrop
Date Feb. 10 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: Feb 12, 1926

19 UNDERTAKER Charles P. Bennison ADDRESS Winthrop.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 2/12/26 Permit No. 1026

23-200,000

Feb. 10, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonic; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

·302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 1403 (Place of death)

Registered No. ____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. NEW ENG. BAPTIST HOSPT. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ------GRIFFIN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, 17 hrs. or ---- min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country)

PARENTS

9 NAME OF FATHER CHESTER

10 BIRTHPLACE OF FATHER (city or town) SOMERVILLE
(State or country)

11 MAIDEN NAME OF MOTHER MARIE SYMONDS

12 BIRTHPLACE OF MOTHER (city or town) WINTHROP
(State or country)

13 Informant FATHER
(Address)

14 Filed FEB. 16, 1926 E. W. McGlenen
Registrar of city or town where death occurred
Filed Apr. 24, 1926 Bessie L. Dodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH FEB. 11 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from FEB. 10, 1926, to FEB. 11, 1926, that I last saw h alive on FEB. 10, 1926, and that death occurred, on the dated stated above, at 3 A. m.

The CAUSE OF DEATH was as follows:

PREMATURITY (6 MOS)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. L. JACKSON, M. D.

(Address)

Date ----, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP CEM.) (Cemetery) (City or town)

DATE OF BURIAL FEB. 13, 1926

19 UNDERTAKER C. A. ROLLINS

ADDRESS

14—50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH County ~~Essex~~ Suffolk State Mass (City or town) Registered No.

City or Town Winthrop No. 158 Cliff Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria G. Deland
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 158 Cliff Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	W

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	4	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) West Edmond, Mass.

PARENTS

9 NAME OF FATHER Thomas Gilbert

10 BIRTHPLACE OF FATHER (City) (State or country) West Edmond, Mass.

11 MAIDEN NAME OF MOTHER Mary S. P. Phillips

12 BIRTHPLACE OF MOTHER (City) (State or country) West Edmond Mass.

13 Informant Miss Helen S. Humphrey
(Address) West Edmond, Mass

14 Filed Feb 13 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 12 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1926 to Feb 12, 1926, that I last saw her alive on Feb. 9, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Apoplexy.

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) 5 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. W. Layton M. D.

(Address) Winthrop Mass

Date Feb 12 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Lynnhaven Salem
(Cemetery) (City or town) DATE OF BURIAL Feb 14, 26

19 UNDERTAKER Geo E Hall ADDRESS Milford.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit Permit NO. 1027

2-26-200,000

Feb. 12, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass Registered No.
City or Town Winthrop No. 782 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Owen Gorman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 782 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	82			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland

PARENTS

9 NAME OF FATHER Owen

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Catherine McGilligan

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland.

13 Informant Mrs Campbell
(Address) 782 Winthrop St.

14 Filed Feb 17 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 16 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Feb 16, 1926, that I last saw h alive on Feb 16, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Myocarditis
Arterio-sclerosis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) 782 Winthrop St
Date Feb 16 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Woburn (City or town) DATE OF BURIAL Feb 18, 1926

19 UNDERTAKER John F. O'Malley. ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 2-17-26 Permit No. 1028

3-200,000

Feb. 16, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ No. 2 Palmyra St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Frost Phelps
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Palmyra St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Anna T.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	-	-	

If STILLBORN, enter that fact here -

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Druggist
(b) Name of employer

8 BIRTHPLACE (City) Gardner
(State or country) Mass

PARENTS

9 NAME OF FATHER Benton Phelps

10 BIRTHPLACE OF FATHER (City) Hubbardston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Mary Hobby

12 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass

13 Informant Anna T. Phelps
(Address) 2 Palmyra St

14 Filed ~~Mar~~ Feb 21 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 19 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1926, to Feb 19, 1926, that I last saw him alive on Feb 19, 1926, and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ~~OF WHAT~~

Did an operation precede death? No Date of ~~—~~

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) E. E. Bennett, M. D.

(Address) 272 Commonwealth Ave. Boston

Date Feb 20 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) (City or town) DATE OF BURIAL Feb 22, 1926

19 UNDERTAKER M. J. Kelly ADDRESS 11 Meridian St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L Smith M.D. Official position Secretary Date of issue of permit 2/20/26 Permit No. 1D36

FORM
483-200 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 83 Lincoln St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elam. Wile
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 83 Lincoln St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred \ years 4 months \ days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Ana. S. Wile

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	1	19	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Conductor-Dell
(b) Name of employer N. E. Tel & Tel Co

8 BIRTHPLACE (City) Lunenburg Co
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Michael Wile

10 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Lucy Hirtle

12 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

13 Informant Ana. S. Wile
(Address) 83 Lincoln St Winthrop

14 Filed Mar 1 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 2 24 26
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to 2-24, 1926, that I last saw h alive on 2-24, 1926, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Arterio Sclerosis

(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Harry Hall Kelly, M. D.

(Address) 100 Pleasant St

Date 2 25 26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Cambridge Cambridge
(Cemetery) (City or town)

DATE OF BURIAL 2 26 26

19 UNDERTAKER Chas R Brennan

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 2/26/26 Permit NO. 1030

3-200,000

Feb. 24. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winchester No. 110 Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Bentley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 110 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years 4 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	—	—	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Trimmer
(b) Name of employer Library Bureau

8 BIRTHPLACE (City) Pudsey
(State or country) England

PARENTS

9 NAME OF FATHER Samuel Bentley

10 BIRTHPLACE OF FATHER (City) Pudsey
(State or country) Eng

11 MAIDEN NAME OF MOTHER Sarah — (?)

12 BIRTHPLACE OF MOTHER (City)
(State or country) Eng.

13 Informant Mrs. A. Jackson
(Address) 110 Bowdoin St Winchester

14 Filed — / — / —
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 24 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1925, to Feb 24, 1926, that I last saw h alive on Feb. 23, 1926 and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.
(Address) 306 Main St Winchester
Date Feb. 25 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Cambridge
(Cemetery) (City or town)
DATE OF BURIAL 2/27/26

19 UNDERTAKER Chas R Bennett
ADDRESS Winchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith M.D. Official position Secretary Date of issue of permit 2/27/26 Permit NO. 103

103-200,000

Feb. 24. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 51, Atlantic St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Johanna Sullivan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 51 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of: Timothy
6 AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer
8 BIRTHPLACE (City) (State or country): Ireland.

PARENTS
9 NAME OF FATHER: Matthew Gosnell
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Ivanora
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Mrs C. J. Tivnan
(Address): 51 Atlantic St.

14 Filed Feb. 27 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Feb 24 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Feb. 24, 1926
that I last saw h alive on Feb. 23, 1926
and that death occurred, on the date stated above, at 9.30A m.
The CAUSE OF DEATH was as follows:
Cirrhosis Meltitis

(duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma Lung
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) D. F. Mahoney, M. D.
(Address) 306 Winthrop St
Date Feb. 24 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL: Feb 27, 1926
19 UNDERTAKER: John F. O'Malley ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 2, 26, 26 Permit NO. 1029

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. (City or town)
City or Town Winthrop No. 224 Bowdoin St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph F. William Dyer
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 224 Bowdoin St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Martha Cordes

6 AGE: Years 75 | Months 5 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ticket agent
(b) Name of employer: B.R.B.&L.R.R.

8 BIRTHPLACE (City) Truro
(State or country) Mass.

PARENTS

9 NAME OF FATHER: William D. Cordes

10 BIRTHPLACE OF FATHER (City) Truro
(State or country) Mass.

11 MAIDEN NAME OF MOTHER: Sally Rich

12 BIRTHPLACE OF MOTHER (City) Truro
(State or country) Mass.

13 Informant: Mrs. Martha Cordes
(Address) 224 Bowdoin St. Winthrop

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 26. 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1925, to July 26, 1926, that I last saw h in alive on July 25, 1926, and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH was as follows:

Cardio Renal Disease

many (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis

Several (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Orville E Johnson M. D.

(Address) 123 Winthrop St

Date July 27. 1926 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL: Feb. 28/26

19 UNDERTAKER: Long & Margeson Mass

ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Albert S. Lavitte
Official position: Sec'y B.B.H.
Date of issue of permit 2/27/26 Permit No. 1033

1-200,000

Feb. 26, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 203 Woodside ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Rozell
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 203 Woodside ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles O. Rozell
10 BIRTHPLACE OF FATHER (City) Lynn
(State or country) N. H.
11 MAIDEN NAME OF MOTHER Fanny A. Hanley
12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

13
Informant Mrs Wm E Hanley
(Address) 203 Woodside ave Winthrop

14
Filed Mar. 4 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 27 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1926, to Feb 27, 1926, that I ~~last~~ saw him alive on ___, 19___, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Stillborn 6 months.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Prenatal Observation

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date Feb 27 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 2/29/26

19 UNDERTAKER Chas E Sumner
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 2/27/26 Permit NO. 1232

23-200,000

Feb 27 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

14,811

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 450 Winthrop St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Richard Bumps

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 450 Winthrop St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or .... min.
	1	10		

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop.
(State or country) Mass.

PARENTS

9 NAME OF FATHER Charles Bumps.

10 BIRTHPLACE OF FATHER (City) Albany
(State or country) Vermont.

11 MAIDEN NAME OF MOTHER Mary J. Hawkins

12 BIRTHPLACE OF MOTHER (City) Pensacola
(State or country) Fla.

13 Informant Charles Bumps (father)
(Address) 450 Winthrop St.

14 Filed ....
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 9, 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Concussion associated with intracranial injury caused by an accidental fall.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? ....

(Signed) Leroy Burgin Magrath, M.D.

(Address) ....

Medical Examiner for Suffolk

Date March 10 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Mar. 11, 1926
(Month) (Day) (Year)

19 UNDERTAKER Charles P. Bumpus

ADDRESS Winthrop

20 Burial permit issued by Albert L. Smith Official position Secretary

21 Date of issue 3/12/26 Permit No. 1038

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Feb. 9, 1926

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 27 Sirene St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Addie May Glass.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 27 Sirene St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 7 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Asa W. Glass

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	41		18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) North Easton
(State or country) Mass.

PARENTS

9 NAME OF FATHER Frank Phillips

10 BIRTHPLACE OF FATHER (City)
(State or country) Maine.

11 MAIDEN NAME OF MOTHER Elizabeth Nelson

12 BIRTHPLACE OF MOTHER (City)
(State or country) Maine

13 Informant Asa W. Glass
(Address) 27 Sirene St. Winthrop

14 Filed Mar. 3 26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert L. Smith
Official position Secretary Date of issue of permit 3/2/26 Permit No. 1034

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar. 1 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Mar. 1, 1926, that I last saw h er alive on Feb. 28, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Fourniquet M. D.
(Address) 7 Summer St.
Date Mar. 2. 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mayflower Cemetery (City or town) DATE OF BURIAL 3/2/26

19 UNDERTAKER J. J. Shepherd & Sons Inc. ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 1
City or Town Winthrop No. 156 Pauline St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stephen J. Boylan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 156 Pauline St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Catherine

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	78			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Prince Edwards Island

PARENTS

9 NAME OF FATHER Edward Boylan

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Catherine Murphy

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland.

13
Informant Mary Boylan
(Address) 156 Pauline St.

14
Filed Mar. 4/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar 2 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 10, 1925, to Mar 2, 1926, that I last saw h[im] alive on March 2, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

Carcinoma of Liver

(duration) 1 + yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Observation

(Signed) Raymond B Parsons M. D.

(Address) Winthrop Mass

Date Mar 3 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL 3/5/26

19 UNDERTAKER John F. O'Malley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert E. Smith Official position Sec'y. Date of issue of permit Mar 3, 1926. Permit No. 1035

9.B.9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2-200,000

March 2, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winchester No. Cummings Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Edward Jennings
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 19 Seymour St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred — years — months 5 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	—

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	—	—	5	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Winchester
(State or country) Mass

PARENTS

9 NAME OF FATHER Lawrence W. Jennings

10 BIRTHPLACE OF FATHER (City) 19 Seymour St
(State or country) Winchester Mass

11 MAIDEN NAME OF MOTHER Louie R. Gearhart

12 BIRTHPLACE OF MOTHER (City) Germantown
(State or country) Pa

13 Informant Lawrence W. Jennings
(Address) 19 Seymour St Winchester

14 Filed Mar. 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 7 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 2, 1926, to March 7, 1926, that I last saw h[im] alive on March 7, 1926, and that death occurred, on the date stated above, at 10.35 P. m.

The CAUSE OF DEATH was as follows:

Hemorrhage

(duration) ___ yrs. ___ mos. 24 ds.

CONTRIBUTORY (SECONDARY) Hemorrhage

(duration) ___ yrs. ___ mos. 1 ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sight

(Signed) [illegible] M. D.

(Address) [illegible]

Date [illegible] 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winchester Winchester
(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER Chas. R. Brennan

ADDRESS Winchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith F. D. Official position Secretary Date of issue of permit 3/11/26 Permit No. 1039

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

23-200,000

March 1, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass. Registered No.
City or Town Winthrop No. 65 Beacon St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Agatha Maguire
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 65 Beacon St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Edwin J. Maguire

6 AGE: Years 44 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Roxbury
(State or country) Mass

PARENTS

9 NAME OF FATHER Louis Adams
10 BIRTHPLACE OF FATHER (City) New York.
(State or country)
11 MAIDEN NAME OF MOTHER Catherine Gaddis
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Edwin J. Maguire
(Address) 65 Beacon St. Winthrop

14 Filed Mar. 19/26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith M.D.
Official position Secretary Date of issue of permit 3/19/26 Permit NO. 1037

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 9 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 8, 1926, to March 9 1926, that I last saw h alive on March 9, 1926 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH was as follows:
Lobar pneumonia

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) D. O'Sullivan, M. D.
(Address) 65 Beacon St
Date March 9 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL: March 11 1926

19 UNDERTAKER: Henry F. Rafferty ADDRESS: 359 Summer St Malden

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 45 Atlantic Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cascelia E. Brown
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 45 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 39 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of James H Brown

6 AGE Years 76 | Months 6 | Days 3 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Boothbay Harbor Maine
(State or country) U S A

PARENTS

9 NAME OF FATHER George Stephen

10 BIRTHPLACE OF FATHER (City) Maine
(State or country)

11 MAIDEN NAME OF MOTHER Elizabeth Whitmore

12 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

13 Informant Myrtle A. Upton
(Address) 45 Atlantic St Winthrop

14 Filed May 19/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 11 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1925, to Mch 11, 1926, that I last saw her alive on Mch 11, 1926, and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

(duration) Undetermined yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Asthma, bronchial.

(duration) 2 yrs. mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Roy W Layton M. D.

(Address) Winthrop Mass

Date March 12 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) | DATE OF BURIAL Mar 14. 1926

19 UNDERTAKER Charles A Bennison | ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Alice A. Smith Official position Clerk Date of issue of permit 3/13/26 Permit No. 1647

3-200,000

March 11, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 254 Main St Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Moody
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 254 Main St., Ward.
(Usual place of abode)
(If non-resident give city or town and state)
Length of residence in city or town where death occurred years 9 months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Femal	White	Widow

5a If married, widowed or divorced
HUSBAND of (or) WIFE of John F. Moody

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	—		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer

8 BIRTHPLACE (City) Hants Grace
(State or country) N. S.

PARENTS

9 NAME OF FATHER Morse

10 BIRTHPLACE OF FATHER (City) Hants Grace
(State or country) N. S.

11 MAIDEN NAME OF MOTHER Alice

12 BIRTHPLACE OF MOTHER (City) Hants Grace
(State or country) N. S.

13
Informant Undertaker from Winthrop
(Address) 5 Temple St Revere

14
Filed Mar 15 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 13 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 11, 1926, to March 13, 1926, that I last saw h alive on March 12, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY Chronic Nephritis
(SECONDARY)
(duration) 1 yrs. mos ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Geo. H. Lamson, M. D.
(Address) 43 Pemberton Sq
Date March 13 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodlawn Lawn
(Cemetery) (City or town)
DATE OF BURIAL March 15 26

19 UNDERTAKER
W. E. Clark
ADDRESS
Revere

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Robert L. Smith Official position Secretary Date of issue of permit 3/15/26 Permit NO. 1041

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

10-'25

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County _____ State Mass. (City or town) Registered No. _____

City or Town Wellesley No. 47 Hyland ave St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Allen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 47 Hyland ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

9 NAME OF FATHER Thomas Allen

10 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Johanna Scannell

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Mrs Earl
(Address) 47 Hyland ave Wellesley

14 Filed _____ (Month) _____ (Day) _____ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 3 (Month) 14 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 3-1-26, to 3-14-26, that I last saw h[illegible] alive on 3-14-26, and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of _____

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

(Address) [illegible]

Date 3 (Month) 15 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Old Woodside Boston
(Cemetery) (City or town)

DATE OF BURIAL Mar 17, 1926

19 UNDERTAKER John F. McMorrow

ADDRESS Cambridge

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 3-15-26 Permit No. 1042

173-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

State Infirmary
Tewksbury

STANDARD CERTIFICATE OF DEATH

(City or town)

Registered No. 128

1 PLACE OF DEATH

County Middlesex State Infirmary Tewksbury — State Mass

City or town — No. State Infirmary — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. (Place of death)

(Place of residence)

2 FULL NAME Mary Kate Lynch

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months 3 days. How long in U. S., if of foreign birth? ? years ? months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	About 34	--	--	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) Name of employer

8 BIRTHPLACE (city or town) Not learned
(State or country) Ireland

PARENTS

9 NAME OF FATHER Patrick Lynch

10 BIRTHPLACE OF FATHER (city or town) Not learned
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Ellen Mahoney

12 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) Ireland

13 Informant Hospital Records Tewksbury
(Address)

14 Filed Mar. 17, 1926
Registrar of city or town where death occurred

Filed Mar 24, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March (Month) 16, (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to March 16, 1926,
that I last saw her alive on March 16, 1926,
and that death occurred, on the dated stated above, at 11:10P m.
The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) Fabyan Packard, M. D.

(Address) State Infirmary, Tewksbury Mass

Date March 17, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL 3/19/, 1926

19 UNDERTAKER John F. O'Maley

ADDRESS Winthrop

$0,000

March 16, 1926

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk. State Mass. (City or town) Registered No.
City or Town Winthrop No. 233 Woodside Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lydia Ward. Lovell.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 233 Woodside Ave Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow.

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Cyrus O Lovell.

6 AGE: Years 91 | Months 6 | Days 8 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Bradford England.

PARENTS

9 NAME OF FATHER: James Ward.
10 BIRTHPLACE OF FATHER (City) (State or country): England.
11 MAIDEN NAME OF MOTHER: Ellen Dilworth.
12 BIRTHPLACE OF MOTHER (City) (State or country): Cavendish ???.

13 Informant: Martha E. Lovell
(Address) 233 Woodside Ave Winthrop

14 Filed May. 19/26 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: March (Month) 17 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 12, 1926, to March 17, 1926, that I last saw her alive on March 17, 1926, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY) Interstitial Myocarditis

(duration) ? yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Sallie H. Saunders, M. D.
(Address) 32 Woodside Park, Winthrop
Date March (Month) 17 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope (Cemetery) Boston. (City or town) DATE OF BURIAL: Mar 19, 1926

19 UNDERTAKER: Herbert G. Buff ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith U. S. Official position Secretary Date of issue of permit 3/25 Permit No. 10?3

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

March 17, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Worcester State Mass. Registered No. 1
City or Town Ruthus No. Ruthus Community Hospital St., or Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Johnson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Summit Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? 22 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jacob Johnson.

6 AGE: Years 34 | Months 4 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Queensberg, N. S.

PARENTS

9 NAME OF FATHER: Rufus Wagner
10 BIRTHPLACE OF FATHER (City) (State or country): Germany
11 MAIDEN NAME OF MOTHER: Phia Lowe
12 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia

13 Informant: Jacob Johnson, husband
(Address): 11 Summit Ave.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: March (Month) 19 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1926, to March 19, 1926, that I last saw h[illegible] alive on March 19, 1926, and that death occurred, on the date stated above, at 2140 P. m.

The CAUSE OF DEATH was as follows:
Toxemia of Pregnancy —
Pregnancy Nephrosis

(duration) ___ yrs. 8 mos. ___ ds.

CONTRIBUTORY (SECONDARY): Anemia
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? 11 Summit Ave
Caesarean
Did an operation precede death? Yes Date of March 19/26
Was there an autopsy?
What test confirmed diaghosis?

(Signed) Richard [illegible] M. D.
(Address) 114 Pleasant St.
Date March (Month) 19 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Ruthus (Cemetery) Ruthus (City or town)
DATE OF BURIAL

19 UNDERTAKER: Charles K. Stevenson
ADDRESS: Ruthus

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Albert L. Smith M.D.
Official position: Secretary
Date of issue of permit: 3/20/26
Permit No. 10-5

3-200,000

March 19, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Johnson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Summit Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here: Stillborn.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Jacob Johnson.

10 BIRTHPLACE OF FATHER (City)
(State or country) Denmark.

11 MAIDEN NAME OF MOTHER Alice Wagner.

12 BIRTHPLACE OF MOTHER (City) Lunenberg.
(State or country) N. S.

13 Informant Jacob Johnson, father
(Address) 11 Summit Ave.

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 19 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 19, 1926, to March 19, 1926, that I last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Monstrosity - Stillborn
Premature 8 mos

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Norton M. D.
(Address) 114 Pleasant St
Date March 19 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER Ralph W. Bernard

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith M. D.
Official position Secretary Date of issue of permit 3/20/26 Permit No. 1044

3-200,000

March 19, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 53 Beacon St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Alexander Chambers
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 53 Beacon St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred — years 5 months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Budget Chambers

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	83	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer — Tobacconist

8 BIRTHPLACE (City) Parsonsfield
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Unable to obtain

10 BIRTHPLACE OF FATHER (City) " " "
(State or country) " " "

11 MAIDEN NAME OF MOTHER " " "

12 BIRTHPLACE OF MOTHER (City) " " "
(State or country) " " "

13 Informant Oswald H. Chambers
(Address) 38 Elmwood ave, Wollaston Mass

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 21 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 14, 1926, to Mar 21, 1926, that I last saw him alive on March 21, 1926, and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 8 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Clinical Features

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Mass

Date March 22 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Cem. Bank Pt
(Cemetery) (City or town)

DATE OF BURIAL 3/23/26

19 UNDERTAKER Chas R Bowman

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S Smith M.D.

Official position Secretary

Date of issue of permit 3/22/26

Permit NO. 10[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

March 21, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 117 Revere St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Paraskevas Booras
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 117 Revere St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary

6 AGE: Years 68; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Greece

PARENTS

9 NAME OF FATHER: George
10 BIRTHPLACE OF FATHER (City) (State or country): Greece
11 MAIDEN NAME OF MOTHER: Cannot be learned.
12 BIRTHPLACE OF MOTHER (City) (State or country): Greece

13 Informant: Stamatois Booras
(Address): 117 Revere St.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: March 22 1926 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 1925, 19__, to March 22, 1926, that I last saw him alive on Saturday 20 March 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH was as follows:

Cancer from of neck from metastasis of cancer of lower lip.

(duration) one year mos. ds.

CONTRIBUTORY (SECONDARY): hemorrage
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? is not workgrom

Did an operation precede death? yes Date of year ago

Was there an autopsy? No

What test confirmed diagnosis? the histological examination

(Signed) George M. Katsoiris, M. D.
(Address) 176 Huntington Ave. Boston Mass
Date March 22 1926 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Michaels Boston (Cemetery) (City or town)
DATE OF BURIAL: Mar 24/26

19 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith (Official Position) Secretary
Date of issue of permit 3/23/26 Permit No. 1247

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-100 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

14,846

.....(City or town)

1 PLACE OF DEATH

County Suffolk State ..... Registered No. .....

City or Town Winthrop No. 45 Irwin St., Ward .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Rachael McKenzie

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 45 Irwin St., Ward. .....

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Neal W.c Kenzie.

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	73			

IF STILLBORN, enter that fact here .....

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer .....

8 BIRTHPLACE (City) Badeck
(State or country) Cape Breton Island.

PARENTS

9 NAME OF FATHER James Crowdis.

10 BIRTHPLACE OF FATHER (City) Yorkshire,
(State or country) England.

11 MAIDEN NAME OF MOTHER Mary Margaret Esther Taylor

12 BIRTHPLACE OF MOTHER (City) .....
(State or country) Scotland.

13 Informant (Mrs Louise (Kaye) (Foster)
(Address) 335 (Center St. Newton (Center) (Mass)

14 Filed ..... REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Unknown ..... , ...
(Found Jan 23) (Month) (Day) (Year)

16 1926

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

~~Under investigation~~

Poisoning by Illuminating gas incident to the use of a gas heating appliance. (Found in gas filled room by an intoxicated visitor. Accepted house.)

Certified Aug 6/28

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? .....

(Signed) Leroy Benjamin Smith, M.D.

(Address) .....

Medical Examiner for Suffolk

Date April 6 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL: Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL 4-7-1926 (Month) (Day) (Year)

19 UNDERTAKER Charles R. Bennison

ADDRESS Winthrop

20 Burial permit issued by Albert L. Smith Official position Secretary

21 Date of issue 4/7/26 Permit No. 1058

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause and manner thereof, and will specify:** (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mary Rachael McKenzie
Found March 23, 1926.

The Commonwealth of Massachusetts

MEDICAL EXAMINER FOR SUFFOLK COUNTY

Office of the Northern Division

274 BOYLSTON STREET, BOSTON

GEORGE BURGESS MAGRATH, M.D.
Medical Examiner

To THE TOWN CLERK, WINTHROP, MASSACHUSETTS:—

I hereby certify that on the twenty-third day of March,

in the year 1926, in accordance with the provisions of law, I examined the body and made personal inquiry into the cause and manner of the death of

MARY RACHAEL McKENZIE

aged seventy-three years, late of 45 Irwin St., Winthrop, Mass.,

who died at 45 Irwin Street, Winthrop, Massachusetts, ~~on the day of~~ during November - December, in the year 1925, and whose body was discovered on March 23, 1926.

I further declare it to be my opinion that the said decedent **died from**

Poisoning by illuminating gas incidental to the use of a gas heating appliance. (Found in a gas filled room of an otherwise unoccupied house.)

WITNESS my hand and seal this 11th day of June,

in the year 1926.

Geo. Burgess Magrath, M.D.

Medical Examiner for Suffolk County.

Journal Mar. 23, 1926)

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Worcester State Mass Registered No.
City or Town [illegible] No. 27 Washington ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Deborah Ramsay Johnson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 27 Washington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed ~~or divorced~~
HUSBAND of
(or) ~~WIFE~~ of Hiram. Smith Johnson

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	11	3	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Canada

PARENTS

9 NAME OF FATHER [illegible]

10 BIRTHPLACE OF FATHER (City) [illegible]
(State or country)

11 MAIDEN NAME OF MOTHER Mary Van Every

12 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

13
Informant Wm L. Johnson
(Address) 27 Washington ave

14
Filed Apr 7 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 26 1926
(Month) (Day) (Year)

16
I HEREBY CERTIFY, That I attended deceased from
1920, ~~19~~, to March 26, 1926,
that I last saw h[illegible] alive on March 25, 1926,
and that death occurred, on the date stated above, at 12 40 P m.
The CAUSE OF DEATH was as follows:
Broncho pneumonia.

(duration) — yrs. — mos. 2 ds.
CONTRIBUTORY Cerebro-sclerosis; Senility
(SECONDARY) Senility ~~(duration)~~ ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Arville E Johnson, M. D.
(Address) 123 Washington
Date March 26 1926 Worcester
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Walnut Grove Cemetery Worcester
(Cemetery) (City or town)

DATE OF BURIAL 3 28 26

19 UNDERTAKER
C R Bemis

ADDRESS Worcester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith
Official position Secretary
Date of issue of permit 3/27/26
Permit NO. 1048

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-200,000

March 26, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. Community Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Still Born Shayab

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 90 Nahant Ave St., Ward. Revere

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

If STILLBORN, enter that fact here STILLBORN

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country

PARENTS

9 NAME OF FATHER John

10 BIRTHPLACE OF FATHER (City)
(State or country) Syria

11 MAIDEN NAME OF MOTHER Adele Shayab

12 BIRTHPLACE OF MOTHER (City)
(State or country) Syria

13 Informant John Shayab
(Address) 90 Nahant ave, Revere

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 3/29/26 Permit No. 1049

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MARCH (Month) 27 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from MARCH 27, 1926, to MARCH 27, 1926

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH was as follows:

PROLAPSUS UMB. CORD.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ..... Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harold V. Musgrave, M.D.

(Address) 670 Beach St Revere

Date March 28, 1926 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope, Boston (Cemetery) (City or town)

DATE OF BURIAL Mar 30 26

19 UNDERTAKER W. F. Cassidy

ADDRESS Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 164 Court R St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bayard Joslyn Whitman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 164 Court Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Faith Butler-Whitman

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43	7	27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer

8 BIRTHPLACE (City) Ypsilanti
(State or country) Mich

PARENTS

9 NAME OF FATHER Charles R. Whitman

10 BIRTHPLACE OF FATHER (City) So Bend
(State or country) Ind

11 MAIDEN NAME OF MOTHER Joslyn (Elvrea)

12 BIRTHPLACE OF MOTHER (City)
(State or country) Mich

13 Informant Lloyd C. Whitman
(Address)

14 Winnetka Ill.
Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 27 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 6, 19 26, to March 27, 19 26, that I last saw h wife alive on March 22, 19 26, and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH was as follows:

Pernicious anaemia

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Neurasthenia - years (duration) ___ yrs. ___ mos. 5 ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Philip C Guild M. D.
(Address) 475 Commonwealth Ave
Date March 27 1926 Boston
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt Auburn Crematory
(Cemetery) (City or town)
DATE OF BURIAL 3/30/26

19 UNDERTAKER
C. R. Bennison
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Assistant Registrar Date of issue of permit 9/27/26 Permit NO. 1052

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Suffolk Boston notified State Massachusetts Registered No.
City or Town ~~Boston~~ No. Community Host Hainthrop, Mass. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2 FULL NAME Mary De Marchi
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33 Leyden St., 1 Ward. Boston Mass.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 68 years — months — days. How long in U. S., if of foreign birth? 68 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Francesco DeMarchi

6 AGE: Years 76 | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Italy

PARENTS

9 NAME OF FATHER Tomasso Botto
10 BIRTHPLACE OF FATHER (City) (State or country) Italy
11 MAIDEN NAME OF MOTHER Madeline Lavagnano
12 BIRTHPLACE OF MOTHER (City) (State or country) Italy

13 Informant V. F. DeMarchi
(Address) 107 Saratoga St.

14 Filed Apr. 7 1926 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith M.D. Official position Secretary Date of issue of permit 3/31/26 Permit No. 10652

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar (Month) 30 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1926, to Mar 30, 1926, that I last saw h alive on Mar 29, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH was as follows:
Acute appendicitis
and peritonitis.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? ~~Yes~~ No Date of Mar 20
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Ernest L Brink, M. D.
(Address) 60 Bayswater St Eb
Date Mar (Month) 30 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary (Cemetery) Boston (City or town) DATE OF BURIAL Apr. 1/26

19 UNDERTAKER H. J. Sullivan ADDRESS 360 Maverick Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 16 Cross St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Rosenzweig
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Cross St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | **4 COLOR OR RACE** White | **5 SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED** (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Hilda

6 AGE 84 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Russia

PARENTS

9 NAME OF FATHER David Rosenzweig

10 BIRTHPLACE OF FATHER (City) (State or country) Russia

11 MAIDEN NAME OF MOTHER Toubie Camnotsky

12 BIRTHPLACE OF MOTHER (City) (State or country) Russia

13 Informant Ada Gould
(Address) 16 Cross St Winthrop

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 31 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 15, 1926, to March 31, 1926, that I last saw h~~im~~er alive on March 31, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH was as follows:
Chronic Myocardial Degeneration
Chronic Glomerulo Nephritis
Senility
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? NO FOR WHAT? Date of
Was there an autopsy? NO
If under one year, was Infant Breast Fed?
What test confirmed diagnosis?

(Signed) Albert S. Smith M. D.
(Address) 162 Hanley Street Winthrop
Date March 31 (Month) (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Chelsea (City or town) — DATE OF BURIAL 4/2/1926

19 UNDERTAKER Manuel Stanitsky — ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory statement of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith M.D. Official position Secretary Date of issue of permit 3/31/26 Permit No. 1251

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 433 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob Pearlman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 433 Winthrop St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	44.		7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Oil Dealer
(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

PARENTS

9 NAME OF FATHER Rubin Pearlman

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Ida Samotzke

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Harry Bohn
(Address) 34 Winnisimmet St. Chel.

14 Filed Apr 1 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 31 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec ____, 1925, to March 31, 1926, that I last saw h[im] alive on March 30, 1926 and that death occurred, on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH was as follows:

Carcinoma of the liver

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Metastasis from rectum (duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ~~Yes~~ FOR WHAT? Date of Aug. 1925

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis? Operation

(Signed) K. Gerablick M. D.

(Address) 4 Fairfax St. E. B.

Date March 31 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Chelsea Woodlawn Chelsea
(Cemetery) (City or town)

DATE OF BURIAL April 1 1926

19 UNDERTAKER Manuel Stantelis

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Official position Secretary Date of issue of permit 4/1/26 Permit No. 1153

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3.

March 31, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH — Registered No. 2133 (Place of death)

County Suffolk State Massachusetts — Registered No. (Place of residence)

City or town Boston No. HOUSE OF GOOD SAMARITAN St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME VIOLET L. SEVERANCE
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 163 SEWALL AVE. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of EDWIN P.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	37			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work STENOGRAPHER
(b) Name of employer

8 BIRTHPLACE (city or town) HALIFAX
(State or country) N.S.

PARENTS

9 NAME OF FATHER DAMIEL SMITH

10 BIRTHPLACE OF FATHER (city or town) HALIFAX
(State or country) N.S.

11 MAIDEN NAME OF MOTHER SARAH ELLIOTT

12 BIRTHPLACE OF MOTHER (city or town) HALIFAX
(State or country) N.S.

13 Informant SISTER
(Address)

14 Filed MAR. 8, 1926 — E.W.M. Glennen
Registrar of city or town where death occurred

Filed Apr. 24, 1926 — Bessie S. Dodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. 4 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from JAN. 19, 19__, to 26 MAR. 4 1926,
that I last saw h ER alive on MAR. 4, 1926,
and that death occurred, on the dated stated above, at 9.20 P. m.
The CAUSE OF DEATH was as follows:

CARCINOMA UTERUS AND PELVIS

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of MAR. 31 '25

Was there an autopsy? YES

What test confirmed diagnosis?

(Signed) S. A. MERLIN, M. D.

(Address)

Date MAR. 4, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP CEM)
(Cemetery) (City or town)

DATE OF BURIAL MAR. 7, 1926

19 UNDERTAKER C. R. BENNISON

ADDRESS WINTHROP

$0.000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BROOKLINE
(City or town)

1 PLACE OF DEATH Registered No. 114 (Place of death)

County NORFOLK State MASS Registered No. _____ (Place of residence)

City or town BROOKLINE No. COREY HILL HOSPITAL St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SAMUEL J HASLAM
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS City or Town WINTHROP No. 181 SHIRLEY STREET
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word)
Male	White	Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Susan A Haslam

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	64	-	-	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Printer
(b) Name of employer

8 BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

PARENTS

9 NAME OF FATHER: Samuel Haslam

10 BIRTHPLACE OF FATHER (city or town): England
(State or country)

11 MAIDEN NAME OF MOTHER: Catherine Daly

12 BIRTHPLACE OF MOTHER (city or town): New York
(State or country)

13 Informant: Catherine Haslam
(Address): 181 Shirley St Winthrop Mass

14 Filed March 9, 1926.
Registrar of city or town where death occurred

Filed _____, 19__
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March (Month) 9, (Day) 1926. (Year)

16 I HEREBY CERTIFY, That I attended deceased from February 26, 19 26 to March 9, 19 26,
that I last saw h im alive on March 9, 19 26,
and that death occurred, on the dated stated above, at 1:30P. m.

The CAUSE OF DEATH was as follows:
Prostatic Hypertrophy Benign

(duration) 4 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Pulmonary Embolus.

(duration) - yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of March 6'26

Was there an autopsy? -

What test confirmed diagnosis? -

(Signed) B D Wetherell, M. D.

(Address) 352 Marlboro St Boston Mass

Date March 9, 1926.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Joseph's West Roxbury (Cemetery) (City or town)

DATE OF BURIAL Mar/12/26, 19

19 UNDERTAKER John F O'Maley

ADDRESS Winthrop

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 2594 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. ELIOT HOSPT. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARGARET PRESHONG
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 53 LOCUST St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	MAR.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of CORNELIUS R.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	33			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) SOMERVILLE
(State or country)

PARENTS

9 NAME OF FATHER FERGUS J. WHITE

10 BIRTHPLACE OF FATHER (city or town) SO. BOSTON
(State or country)

11 MAIDEN NAME OF MOTHER MARGARET SHANNON

12 BIRTHPLACE OF MOTHER (city or town) BOSTON
(State or country)

13 Informant SISTER
(Address)

14 Filed MAR. 18, 1926 E. W. McGlenen
Registrar of city or town where death occurred
Filed Apr 24, 1926 Bessie L. Dodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. 14 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY**, That I attended deceased from MAR. 9, 1926, to MAR. 14, 1926, that I last saw h ER alive on MAR. 14, 1926, and that death occurred, on the dated stated above, at 8.25P m.

The CAUSE OF DEATH was as follows:
SEPTICAEMIA-PERITONITIS

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) DOUBLE PUS TUBES
(duration) 6+ yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of MAR. 11

Was there an autopsy?

What test confirmed diagnosis?

(Signed) BENJAMIN TEARNEY, M. D.

(Address)

Date MAR. 15, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
ARLINGTON (ST. PAULS)
(Cemetery) (City or town)

DATE OF BURIAL
MAR 17, 1926

19 UNDERTAKER
R. C. KIRBY

ADDRESS

30,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 3200 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. MASS. WOMENS HOSPT. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JENNIE DINSFRIEND

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 47 TEWKSBURY St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	MAR.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of LOUIS

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
29			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

8 BIRTHPLACE (city or town) CHELSEA
(State or country)

PARENTS

9 NAME OF FATHER LOUIS FINKELSTEIN

10 BIRTHPLACE OF FATHER (city or town)
(State or country) RUSSIA

11 MAIDEN NAME OF MOTHER BESSIE LESINSKY

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) RUSSIA

13 Informant LOUIS DINSFRIEND
(Address)

14 Filed MAR. 30, 1926 E. W. McGlenen
Registrar of city or town where death occurred
Filed Apr. 24, 1926 Bessie L. Dodge
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. 28 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from MAR. 10, 1926, to MAR. 28, 1926, that I last saw her alive on MAR. 28, 1926, and that death occurred, on the dated stated above, at 12.30 P. m.

The CAUSE OF DEATH was as follows:

URAEMIA

(duration) yrs. mos. 36 HRS ds.

CONTRIBUTORY (SECONDARY) PELVIC ABSCESS, PYONEPHROSIS

(duration) yrs. mos. 16 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of MAR. 18 & 21, 1926

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I. J. WALKER, M. D.

(Address)

Date [redacted], 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL WOBURN (BETH JOSEPH) (Cemetery) (City or town)

DATE OF BURIAL MAR. 29, 1926

19 UNDERTAKER MANUEL STANETSKY

ADDRESS

R. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

—50,000

REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . . from the clerk of the town where the person died; . . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . .a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 265 Pleasant St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Baker Baker
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 265 Pleasant St. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed ~~or divorced~~ HUSBAND of (or) WIFE of Edmund C. Baker

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56	6	17	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer:

8 BIRTHPLACE (City) (State or country): East Boston Mass.

PARENTS

9 NAME OF FATHER: Charles Sampson
10 BIRTHPLACE OF FATHER (City) (State or country): Marshfield Mass
11 MAIDEN NAME OF MOTHER: Katherine Powers
12 BIRTHPLACE OF MOTHER (City) (State or country): (Unknown)

13 Informant: Edgar F. Baker Son
(Address) 265 Pleasant St.

14 Filed Apr 7 '26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 1 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1925, to April 1, 1926, that I last saw her alive on April 1, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(duration) 3+ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal examination

(Signed) Raymond B Parker M. D.
(Address) Winthrop Mass
Date April (Month) 2 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL: 4/3/26

19 UNDERTAKER: Chas A Parmenter

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Clerk Smith Jr. Official position: Secretary Date of issue of permit 4/3/26 Permit No. 1055

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva Cressey Pebworth
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 79 Grovers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Richard R. Pebworth.

6 AGE: Years 37 | Months 11 | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Treasurer & Treasurer.
(b) Name of employer: Cressey Construction Co, Everett

8 BIRTHPLACE (City): Gloucester.
(State or country): Massachusetts.

PARENTS

9 NAME OF FATHER: Walter Cressey.
10 BIRTHPLACE OF FATHER (City): Gloucester.
(State or country): Massachusetts.
11 MAIDEN NAME OF MOTHER: Hortense Hart.
12 BIRTHPLACE OF MOTHER (City): Boston.
(State or country): Massachusetts.

13 Informant: Richard R Pebworth.
(Address) 79 Grovers Ave. Winthrop.

14 Filed Apr. 7/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: April 2 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to Apr 2, 1926, that I last saw h[illegible] alive on Apr 2, 1926, and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH was as follows:
Ruptured gastric ulcer

(duration) Short yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastric ulcer

(duration) [illegible] yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Mch 29-1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.
(Address) Winthrop Mass
Date Apr. 2 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington (Cemetery) Gloucester (City or town)
DATE OF BURIAL: April 5, 1926

19 UNDERTAKER: Charles P. Bennison
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L Smith
Official position Secretary
Date of issue of permit 4-3-26
Permit NO. 1054

200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 105 Ocean View St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hugh William Roberts.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 105 Ocean View St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 39 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret Roberts.

6 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	11	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stone Mason.
(b) Name of employer: Self.

8 BIRTHPLACE (City) Liverpool.
(State or country) England.

PARENTS

9 NAME OF FATHER Hugh Roberts.

10 BIRTHPLACE OF FATHER (City)
(State or country) England.

11 MAIDEN NAME OF MOTHER Ellen Reese.

12 BIRTHPLACE OF MOTHER (City)
(State or country) England.

13 Informant Charles Roberts, Son.
(Address) 105 Ocean View St.

14 Filed Apr. 7/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr 2 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 2, 1926, to Apr 2, 1926, that I last saw him alive on Apr 2, 1926, and that death occurred, on the date stated above, at 4 P.M. m.

The CAUSE OF DEATH was as follows:

Myocarditis

Undetermined (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Asthma (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) P. Livingston, M. D.
(Address) Winthrop

Date Apr. 7 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: April 4. 1926

19 UNDERTAKER: Charles P. Bennison
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Sec'y Date of issue of permit 4/4/26 Permit No. 257

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 38 Banks st St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Paul Caggiano
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 38 Banks st St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	1	11		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country)

PARENTS

9 NAME OF FATHER Ernest —

10 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

11 MAIDEN NAME OF MOTHER Grace Ferrara

12 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

13 Informant Father
(Address) 38 Banks st Winthrop

14 Filed Apr 6 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 5 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 29, 1926, to April 5, 1926, that I last saw h— alive on April 5, 1926, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH was as follows:

Pneumonia, primary

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) ___ yrs. ___ mos. 7 ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? ___ Date of ___
Was there an autopsy? ___
If under one year, was Infant Breast Fed?
What test confirmed diagnosis? ___

(Signed) [illegible], M. D.
(Address) [illegible]
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Winthrop
(Cemetery) (City or town)
DATE OF BURIAL April 5, 1926

19 UNDERTAKER J. J. Cummings
ADDRESS Hanover st

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Sec'y Date of issue of permit 4/3/26 Permit NO. 1155

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 4-25 NO 2660 3

April 3, 1928

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 107 Summit Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adelaide Hiley Jones.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 107 Summit Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female.	White	Widowed.

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Oscar A. Jones.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	5	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Charlestown (Boston)
(State or country) Mass.

PARENTS

9 NAME OF FATHER Robert R. Hiley.

10 BIRTHPLACE OF FATHER (City) Nellfleet.
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Elizabeth Haven.

12 BIRTHPLACE OF MOTHER (City) Methuen.
(State or country) Mass.

13
Informant John H. Appleton.
(Address) 6 Beacon St. Boston.

14
Filed Apr 12 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 7 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from April 2, 1926, to April 7, 1926, that I last saw her alive on April 7, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH was as follows:

Acute Myocarditis
Acute Nephritis.
(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Mass

Date April 9 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt. Auburn Cambridge
(Cemetery) (City or town)

DATE OF BURIAL
April 9, 1926

19 UNDERTAKER
Charles H. Bennison.

ADDRESS
Winthrop.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Sec'y Date of issue of permit Apr. 9, 1926 Permit No. 1059

9-139

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1162
City or Town Boston (Winthrop) No. 287 Main St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. McNeil
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 28 Main St. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 1 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Lauchlin F. McNeil

6 AGE: Years 57 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) Name of employer

8 BIRTHPLACE (City) Halifax
(State or country) N.S.

PARENTS

9 NAME OF FATHER: Felix P. Dunn
10 BIRTHPLACE OF FATHER (City) Armagh
(State or country) Ireland
11 MAIDEN NAME OF MOTHER: Eliz. Byrne
12 BIRTHPLACE OF MOTHER (City) Halifax N.S.
(State or country)

13 Informant: Lauchlin F. McNeil
(Address): 287 Main St.

14 Filed Oct. 12 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) April (Day) 7 (Year) 1926

16 I HEREBY CERTIFY, That I attended deceased from March 25, 1926, to April 7, 1926, that I last saw h[illegible] alive on April 7, 1926, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Carcinoma Liver

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) [illegible]
Date 4 (Month) 8 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL: April 10, 1926

19 UNDERTAKER: F. C. Kirby ADDRESS: Cambridge Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith M.D. Official position: Secretary Date of issue of permit April 10 26 Permit No. 1062

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

-30-'25

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Written

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 1 Burrell Terrace St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Etta Hadley Whitcher
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1 Burrell Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 8 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	widow

5a If married, widowed ~~or divorced~~ ~~HUSBAND of~~ (or) ~~WIFE of~~ of William H. Whitcher

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	8	19	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Woburn
(State or country) Mass

PARENTS

9 NAME OF FATHER Hadley

10 BIRTHPLACE OF FATHER (City) Stoneham
(State or country) Mass

11 MAIDEN NAME OF MOTHER Mary Dean

12 BIRTHPLACE OF MOTHER (City) Stoneham
(State or country) Mass

13
Informant J. Smith
(Address) #1 Burrell Terrace Winthrop

14
Filed Apr. 12/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 9 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 4, 1926, to Apr 9, 1926, that I last saw h e alive on Apr 9, 1926, and that death occurred, on the date stated above, at 11 4m.

The CAUSE OF DEATH was as follows:

Pulmonary Cancer from metastasis from breast

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1924

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thos. J. Brown, M. D.
(Address) 218 Main
Date Apr 10 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodsurell Woodsurell N.H. (Cemetery) (City or town)
DATE OF BURIAL 4/12/26

19 UNDERTAKER Chas. R. Bowman
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith
Official position Secretary Date of issue of permit 4/10/26 Permit NO. 1061

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 16, Willow Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John L. Harrington
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Willow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	7	5	12	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) East Boston Mass
(State or country)

PARENTS

9 NAME OF FATHER John L. Harrington

10 BIRTHPLACE OF FATHER (City) South Boston Mass
(State or country)

11 MAIDEN NAME OF MOTHER Mary J. Greenfield

12 BIRTHPLACE OF MOTHER (City) East Boston Mass
(State or country)

13 Informant Mary J. Greenfield
(Address) 16 Willow Ave Winthrop

14 Filed 4/12/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 10 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 6, 1926 to April 10, 1926
that I last saw h ~~im~~ alive on April 10, 1926
and that death occurred, on the date stated above, at 1.45 P m.
The CAUSE OF DEATH was as follows:

Measles

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY Tubercle
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? No
If under one year, was Infant Breast Fed?
What test confirmed diagnosis?

(Signed) C F Mahoney, M. D.
(Address) 9 Sumner St
Date April 11 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Malden
(Cemetery) (City or town)
DATE OF BURIAL April 14 26

19 UNDERTAKER William A. Sullivan
ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith
Official position Secretary
Date of issue of permit 4/12/26
Permit NO. 1063

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 .3

April 10, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 566 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Marden
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 566 Shirley St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female | **4** COLOR OR RACE White | **5** ~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Abraham

6 AGE 69 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Russia

PARENTS

9 NAME OF FATHER Louis Liberman

10 BIRTHPLACE OF FATHER (City) (State or country) Russia

11 MAIDEN NAME OF MOTHER Clara Cannot be learned

12 BIRTHPLACE OF MOTHER (City) (State or country) Russia

13 Informant Charles Marden
(Address) 566 Shirley St.

14 Filed 4/6 12/26 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 10 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 7, 1926, to April 10, 1926, that I last saw h[illegible] alive on April 10, 1926, and that death occurred, on the date stated above, at 7:58 p.m.

The CAUSE OF DEATH was as follows:
(1) Chronic Myocardial Degeneration
(2) Acute Dilatation of Heart
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Intestinal Nephritis
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? No Date of
Was there an autopsy? No (Under One Year, Was Baby Breast Fed)
What test confirmed diagnosis? Clinical & Laboratory

(Signed) Capt Abrams M. D.
(Address) 562 Shirley Street Winthrop
Date April 10 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Belle View Cem. Revere
(Cemetery) (City or town)
DATE OF BURIAL April 11 1926
ADDRESS Boston

19 UNDERTAKER Manuel Stanetsky

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith
Official position Sec'y
Date of issue of permit 4/11/26 Permit NO. 1062
9.B.9.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.
(City or town)

Registered No. 165
(Place of death)

Registered No.
(Place of residence)

1 PLACE OF DEATH

County Middlesex State Infirmary
City or town Tewksbury No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kwong Wing

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred years 6 months 6 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Yellow	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
20	9	3	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) Name of employer

8 BIRTHPLACE (city or town) Not learned
(State or country) China

PARENTS

9 NAME OF FATHER Yonkong Wing

10 BIRTHPLACE OF FATHER (city or town) Not learned
(State or country) China

11 MAIDEN NAME OF MOTHER Not learned

12 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) China

13 Informant Hospital Records
(Address) WINTHROP, TEWKSBURY

14 Filed Apr. 10, 1926 JOHN H. NICHOLS Supt.
Registrar of city or town where death occurred
Filed May 27, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 10, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1925, to April 10, 1926,
that I last saw h[illegible] alive on April 10, 1926,
and that death occurred, on the dated stated above, at 6:45 a. m.
The CAUSE OF DEATH was as follows:

Tuberculosis lungs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? Not learned
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Positive sputum
(Signed) Jesse F. Taylor, M. D.
(Address) State Infirmary, Tewksbury,
Date April 10, 1926 Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
[illegible] Cemetery, [illegible]
(Cemetery) (City or town)

DATE OF BURIAL
4/14, 1926

19 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 101 Summit Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Young
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 101 Summit Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 18 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Franklin K. Young

6 AGE: Years 68 | Months 3 | Days 5 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer: Housewife

8 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

9 NAME OF FATHER: Ralph. Foster

10 BIRTHPLACE OF FATHER (City) (State or country): Amherst N. S.

11 MAIDEN NAME OF MOTHER: Elyza Ballard

12 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

13 Informant: Franklin K. Young
(Address) 69 Crescent Rd Winthrop

14 Filed Apr. 16/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 13 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 21, 1925, to April 13, 1926, that I last saw h e alive on April 13, 1926, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

1 hr.
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) R. B. Parkin, M. D.
(Address) Winthrop Mass.
Date April 14 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery) Winthrop (City or town) — DATE OF BURIAL 4/15/26

19 UNDERTAKER: P. J. O'Connell — ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Alfred J. Smith, M.D. Official position Secretary Date of issue of permit 4/15/26 Permit No. 1067

00,000

April 19, 1912.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston notified

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 116

City or Town Winthrop Boston No. Winthrop Community Hosp. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Patuzzi
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 174 Cottage St. East Boston Ward
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 years months 10 days. How long in U. S., if of foreign birth? 25 years months days

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Emilia Caiani

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	52			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Italy

PARENTS

9 NAME OF FATHER Ludwig Patuzzi

10 BIRTHPLACE OF FATHER (City)
(State or country) Italy

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City)
(State or country) Unknown

13 Informant Emilia Patuzzi
[Address] 174 Cottage St. E. B.

14 Filed Apr. 20/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 13 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 9, 1926, to April 13, 1926, that I last saw h live alive on April 13, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Broncho-pneumonia

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Edward J. Granger M. D.

(Address) 7 Irving St.

Date April 15 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL 4/20/26

19 UNDERTAKER F. E. Kirby ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Clark S. Smith Official position Secretary Date of issue of permit 4/16/26 Permit NO. 116

April 15, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 46 Court Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth Vasquez
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 46 Court Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 13 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Vasquez

6 AGE: Years 77 | Months 11 | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): So Boston Mass

PARENTS

9 NAME OF FATHER: Andrew Lang
10 BIRTHPLACE OF FATHER (City) (State or country): Scotland
11 MAIDEN NAME OF MOTHER: unable to obtain
12 BIRTHPLACE OF MOTHER (City) (State or country): " " "

13 Informant: Mrs. F. E. Hatfield
(Address) 46 Court Rd

14 Filed Apr. 20/26 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 15 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to April 14, 1926, that I last saw h alive on April 14, 1926, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH was as follows:
Myocarditis

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis F Salerno, M. D.
(Address) 9 Central St
Date April (Month) 16 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: 4/18/26

19 UNDERTAKER: Chas R Brennan
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert S. Smith
Official position Secretary
Date of issue of permit 4/17/26 Permit No. 1999

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000

April 15. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
~~City or~~ Town Winthrop No. 68 Crystal Cove ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Bennett Paradis
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 68 Crystal Cove Ave St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced
~~HUSBAND of~~ (or) ~~WIFE of~~ Rev Joseph H Paradis

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	6	1	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer — —

8 BIRTHPLACE (City) Ballyfinnin
(State or country) Ireland

PARENTS

9 NAME OF FATHER Patrick O'Brien

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Catherine Nolan

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13
Informant Mary Ellen M. P. Farrell
(Address) 68 Crystal Cove Ave Winthrop Mass

14
Filed Apr. 20/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 15 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1924, to Apr 15, 1926, that I last saw h-- alive on Apr 15, 1926 and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH was as follows:
Cerebro sclerosis - General -
Senility
(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
(duration) — yrs. — mos. 5 ds

17 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? —

(Signed) Richard Mitchell M. D.
(Address) 114 Pleasant St
Date Apr 17 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
(Cemetery) (City or town) 4/17/26

19 UNDERTAKER — ADDRESS
Walter J. White

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Smith Official position Secretary Date of issue of permit 4/17/26 Permit NO

April 15, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1162

City or Town Boston No. , Winthrop Cummet St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male Farrell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Pebble Ave. St., Town Ward Shirley Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	—	—	-	

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Winthrop.
(State or country) Mass.

PARENTS

9 NAME OF FATHER Bernard Farrell

10 BIRTHPLACE OF FATHER (City)
(State or country) England

11 MAIDEN NAME OF MOTHER Mary G. Eastman

12 BIRTHPLACE OF MOTHER (City)
(State or country) Boston, Mass

13 Informant Bernard Farrell
(Address) Pebble Ave P.O.

14 Filed May 7, 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 4 16 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 4/16, 1926, to 4/16, 1926,
that I last saw h ___ alive on ___, 19___,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

Sudd Pom

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) 36 [illegible]
Date 4 16 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels Boston — DATE OF BURIAL Apr 27 26
(Cemetery) (City or town)

19 UNDERTAKER H C Kirby — ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert L. Smith Official position Secretary Date of issue of permit 4/27/26 Permit NO. 1069

200,000 9-25 NO 2662 3

PHYSICIANS should be careful. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County _____ State Mass. Registered No. _____
City or Town Winthrop mass. No. 162 Bowdoin St St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Farrar George Farnham
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 162 Bowdoin st. St., Ward. _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	—

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	11			

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) mass.

PARENTS

9 NAME OF FATHER Edgar S Farnham

10 BIRTHPLACE OF FATHER (City) West Paid
(State or country) mass.

11 MAIDEN NAME OF MOTHER B Maude Coster

12 BIRTHPLACE OF MOTHER (City) Springfield
(State or country) Mass.

13 Informant Edgar S Farnham
(Address) 162 Bowdoin st winthrop mass.

14 Filed Apr. 20/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 19 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Oct 25, 1925, to April 19, 1926,
that I last saw him alive on April 18, 1926,
and that death occurred, on the date stated above, at 5A m.
The CAUSE OF DEATH was as follows:

Endocarditis

(duration) ____ yrs. 4 mos. ____ ds.

CONTRIBUTORY _____
(SECONDARY)
(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____

(Signed) J Finalayson, M. D.
(Address) 38 Winthrop St
Date 4/20/26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL 4/22

19 UNDERTAKER C R Bennison

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L Smith
Official position Secretary Date of issue of permit 4/20/26 Permit No. 106

April 19, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 274, Pleasant St, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert F. Walker
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 274 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 54 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Isabelle F.

6 AGE: Years 54 | Months 2 | Days 0 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Worcester Mass

PARENTS

9 NAME OF FATHER: Albert W. Walker
10 BIRTHPLACE OF FATHER (City) (State or country): Harrison Maine
11 MAIDEN NAME OF MOTHER: Adeline E. Adams
12 BIRTHPLACE OF MOTHER (City) (State or country): Montown Falls N. Y.

13 Informant: Isabelle F. Walker
(Address): Winthrop

14 Filed May 7/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: April 22 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to April 21, 1926, that I last saw h in alive on Apl 21, 1926, and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation, Cardiac Dilatation

Indefinite (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Pulmonary Thrombosis. (duration) ___ yrs. ___ mos. 1/2 ds

17 Where was disease contracted if not at place of death? ~~FOR WHAT?~~ —

Did an operation precede death? ___ Date of No

Was there an autopsy? No
If under one year, was Infant Breast Fed?

What test confirmed diagnosis? Loss of Pulse, Failure of Impulse

(Signed) Percy G Brown, M. D.
(Address) 218 Main
Date Apl 23 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Hope, (Cemetery) Worcester (City or town)
DATE OF BURIAL: April 26 '26

19 UNDERTAKER: C. A. Rollins
ADDRESS: E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert F. Smith
Official position Secretary
Date of issue of permit 4/26/26
Permit NO. 1[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9 25 NO. 2662 3.

April 23, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Suffolk

Township Winthrop
or
Village
or
City (No. Station Hospital, Ft. Banks, Mass. St.; Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Walter Remington (Last) Remington 6117634

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	single

6 DATE OF BIRTH Unknown (Month) (Day), 1 (Year)

7 AGE 21 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Cottier
(b) General nature of industry, business, or establishment in which employed (or employer) Hostile duty

9 BIRTHPLACE (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. C. Miller, Capt., MC., Station Hospital,
(Address) Fort Banks, Mass.

15 Filed May 7/26 191 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 26, 1926 (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1926, to April 26, 1926, that I last saw him alive on April 26, 1926, and that death occurred, on the date stated above, at 2.00 AM

The CAUSE OF DEATH* was as follows: Pneumonia, lobar, involving entire left lung and lower lobe, right lung, (streptococcus viridans infection)

(Duration) — yrs. — mos. 6 ds.

Contributory (SECONDARY) Pleurisy, acute, involving entire pleura, both (Duration) — yrs. — mos. 6 ds.

(Signed) W. C. Whitmore, M. D.
Capt. Whitmore, Capt. Med. Corps, U.S.A.
April 26, 1926 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death — yrs. — mos. 6 ds. In the State — yrs. — mos. 6 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Haven, Conn. DATE OF BURIAL 4/29, 1926

20 UNDERTAKER Lewis & Cook of New Haven ADDRESS Hamden

11—3184

Chas R Bowman

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

BOSTON
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 4580 (Place of death) Registered No. ~~4580~~ (Place of residence)

City or Town Boston No. CARNEY HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NELLIE MCCLEARY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 REVERE ST St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	MARRIED

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ---------

(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) IRELAND

PARENTS

9 NAME OF FATHER TIMOTHY FOLEY

10 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER ALICE MAHONEY

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant DAUGHTER
(Address) 30 REVERE ST. WINTHROP

14 Filed MAY 3, 19 26 E W McGlenen
Registrar of city or town where death occurred

Filed ~~MAY 12~~, 19 26
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH APRIL 30, 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

HYPERNEPHROMA WITH METASTASIS TO LIVER.

TERMINAL DECUBITIS WITH SEPSIS

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) TIMOTHY LEARY, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date APR 30, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL (Month) (Day) (Year)
HOLY CROSS (MALDEN)	5-3-26
19 UNDERTAKER	**ADDRESS**
RICHARD C. KIRBY	

20 Burial permit issued by

Official position

21 Date of issue

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See reverse side for extracts from the laws of the Commonwealth and instructions.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) . . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 36 Plummer ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John McNaught
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Plummer ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 60 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Annie P.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	84	7	27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) East Port
(State or country) Me

PARENTS

9 NAME OF FATHER Alexander McNaught

10 BIRTHPLACE OF FATHER (City) Edenburgh
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Mary Grey

12 BIRTHPLACE OF MOTHER (City)
(State or country) England

13 Informant Mrs J. McNaught JR
(Address) 36 Plummer ave

14 Filed May 7/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 1 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from Jan 31, 1923, to May 1, 1926, that I last saw him alive on April 30, 1926, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH was as follows:
Chronic Myocarditis

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Observation
(Signed) Raymond B Cutler, M. D.
(Address) Winthrop Mass
Date May 3 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodlawn Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 5/4/26

19 UNDERTAKER C R Brennan
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress
Official position Health Officer Date of issue of permit 5/4/26 Permit NO. 1072.

00,000

May 1, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 4702 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. MASS. HOMEOPATHIC HOSP. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARGARET DE GAUST

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. PT. SHIRLEY St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of FREEMAN

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
49	8	21	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) SYDNEY MINES
(State or country) C. B.

PARENTS

9 NAME OF FATHER ALEXANDER STEELE

10 BIRTHPLACE OF FATHER (city or town) SYDNEY MINES
(State or country) C. B.

11 MAIDEN NAME OF MOTHER CATHERINE MC KINNON

12 BIRTHPLACE OF MOTHER (city or town) SIDNEY MINES
(State or country) C. B.

13 Informant HUSBAND
(Address) 10 BILLOWS ST. WINTHROP

14 Filed MAY 6, 1926 Edwin Glenen
Registrar of city or town where death occurred

Filed May 13, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 2 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from APR 29, 1926, to MAY 2, 1926, that I last saw h ER alive on MAY 2, 1926, and that death occurred, on the dated stated above, at 1.15 P m.

The CAUSE OF DEATH was as follows:

BRONCHO PNEUMONIA

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. B. POWELL, M. D.

(Address)

Date MAY 2, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL 5-5, 1926

19 UNDERTAKER FRANK E. BROWN

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**...**a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lynn (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. (Agawam) Highland Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria-Eva Desimore
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 West Baltimore St Lynn Mass
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15-W-Baltimore St years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Benjamin F. B. Desimore

6 AGE: Years 57 | Months 7 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer

8 BIRTHPLACE (City) Fairfield
(State or country) Mass

PARENTS

9 NAME OF FATHER Unknown
10 BIRTHPLACE OF FATHER (City) " " "
(State or country) " " "
11 MAIDEN NAME OF MOTHER Cynthia Priest
12 BIRTHPLACE OF MOTHER (City) " " "
(State or country) " " "

13 Informant Benjamin F. B. Desimore
(Address) 15 W-Baltimore St-Lynn

14 Filed May 7/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 3 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 1 mon
_____, 19__, to _____, 19__,
that I last saw her alive on _____, 19__;
and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH was as follows:

Carcinoma of the Breast, Stomach, Liver.

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? Lynn Mass
Did an operation precede death? ___ Date of ___
Was there an autopsy? ___
What test confirmed diagnosis? ___

(Signed) Raymond S Parker M. D.
(Address) Lynn Board of Health.
Date May 3 1926
(Month) (Day) (Year)

Walter Desimore

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Everett
(Cemetery) (City or town) DATE OF BURIAL 5/5/26

19 UNDERTAKER Chas. F. Desimore ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress
Official position Health Officer Date of issue of permit 5/4/26 Permit No. 1078

200,000

May 3, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 195 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna F. Rausch
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 195 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Robert Rausch

6 AGE: Years 65 | Months 4 | Days 23 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Germany

PARENTS

9 NAME OF FATHER: Joseph Gurshin
10 BIRTHPLACE OF FATHER (City) (State or country): Germany
11 MAIDEN NAME OF MOTHER: Unknown
12 BIRTHPLACE OF MOTHER (City) (State or country): Germany

13 Informant: Robert Rausch.
(Address) 195 Pleasant St Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 4 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1926, to May 4, 1926, that I last saw her alive on May 4, 1926, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) ___ yrs. ___ mos. 9 ds.

CONTRIBUTORY (SECONDARY) Diabetes

(duration) 2 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Lab. + clinical

(Signed) [illegible], M. D.

(Address) Winthrop, Mass.

Date May (Month) 5 (Day) 1926 (Year)

18 [illegible] DATE OF BURIAL
Woodlawn Everett (Cemetery or town) May 7-26.

19 UNDERTAKER ADDRESS
Frank E Brown East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 5. 6. 26 Permit NO. 1074

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

P. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1—$0,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

Registered No. 4764 (Place of death)

County Suffolk State Massachusetts

Registered No. (Place of residence)

City or town Boston No. ROBERT E- BRIGHAM HOSP. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HARRIET W. MCLATCHY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS City or Town WINTHROP No. 212 COURT RD. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of RUPERT E. MCLATCHY

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	10	4	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE

(b) Name of employer

8 BIRTHPLACE (city or town) CHICAGO

(State or country) ILL.

PARENTS

9 NAME OF FATHER HENRY C. WHITNEY

10 BIRTHPLACE OF FATHER (city or town) FAIRFIELD

(State or country) MAINE

11 MAIDEN NAME OF MOTHER ANNA SNYDER

12 BIRTHPLACE OF MOTHER (city or town) CHAMPAGNE

(State or country) ILL.

13 Informant RUPERT E. MCLATCHY

(Address)

14 Filed MAY 8, 1926 E. W. M. Glennen

Registrar of city or town where death occurred

Filed ____, 1926

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 5 1926

(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from MAY 2, 1926, to MAY 4, 1926, that I last saw h ER alive on MAY 4, 1926, and that death occurred, on the dated stated above, at 12 A m.

The CAUSE OF DEATH was as follows:

CANCER OF PELVIS

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PULMONARY EMBOLISM

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 5-2-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) GILBERT L. JACKSON, M. D.

(Address)

Date MAY 5, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL NEWTON CEM (NEWTON)

(Cemetery) (City or town)

DATE OF BURIAL 5-7, 1926

19 UNDERTAKER J. S. WATERMAN & SONS

ADDRESS

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk - State Mass. Registered No.
City or Town Winthrop No. 55 Washington Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Abbie Leonard
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 55 Washington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 30 years 8 months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Fred M Leonard.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	9	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Bridgewater.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER Philander Pratt.

10 BIRTHPLACE OF FATHER (City) Bridgewater.
(State or country) Massachusetts.

11 MAIDEN NAME OF MOTHER Sarah Leonard.

12 BIRTHPLACE OF MOTHER (City) Bridgewater.
(State or country) Massachusetts.

13 Informant Fred M. Leonard
(Address) 55 Washington Ave.

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 5 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 30, 1926, to May 5, 1926, that I last saw her alive on May 5, 1926, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. 5 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) 4 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Mass

Date May 6 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Duxbury Mass.
(Cemetery) (City or town)

DATE OF BURIAL May 8, 1926

19 UNDERTAKER Charles R. Bennison

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Robert L. Smith M D

Official position Secretary

Date of issue of permit 5/8/26

Permit NO. 1277

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

May 5, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

14,908

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 33 Crest Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Simon Locher

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33 Crest Ave St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years 8 months days How long in U. S., if of foreign birth? 22 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Locher

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	60			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) Name of employer Merchant.

8 BIRTHPLACE (City)
(State or country) Russia

PARENTS

9 NAME OF FATHER Barnard Locher

10 BIRTHPLACE OF FATHER (City)
(State or country) Russia

11 MAIDEN NAME OF MOTHER Bella Cohen

12 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

13 Informant W. Miller
(Address) 33 Crest Ave Winthrop

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 6, 1926
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by illuminating gas, Suicidal

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Burgess Magrath, M.D.

(Address)

Medical Examiner for Suffolk

Date May 6 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Woodlawn
Mozes Montefiore Mass
(Cemetery) (City or town)

DATE OF BURIAL May 7 1926
(Month) (Day) (Year)

19 UNDERTAKER Jacob N. Levine

ADDRESS 57 Fowler St Dor. Mass.

20 Burial permit issued by Albert S. Smith Official position Secretary

21 Date of issue 5/7/26 Permit No. 1975

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

March 6, 1926.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 154 Pauline St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catharine Gertrude Belcher.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 154 Pauline St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 11 years 5 months 28 days. How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	16	5	28	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Winthrop.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER Charles D. Belcher

10 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Katherine A. Borden

12 BIRTHPLACE OF MOTHER (City) Canning
(State or country) Nova Scotia

13 Informant Charles D. Belcher.
(Address) 154 Pauline St.

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 6 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 19, 1917 to May 5, 1926, that I last saw her alive on May 5, 1926, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH was as follows:
Endocarditis of the mitral & aortic valves

(duration) 9 yrs. 1 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Scarlet fever
(duration) ~~8~~ yrs. 1 mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Horace J. Soule, M. D.
(Address) Winthrop, Mass
Date May 6 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 5/9/26

19 UNDERTAKER Chas. R. Bowman
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith M. D. Official position Secretary Date of issue of permit 5/8/26 Permit NO. 1076

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 MO 2662 3.

May 6, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 4868. (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEOPATHIC HOSP. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME AUGUSTUS A. WILDER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS City or Town WINTHROP No. 49 MOORE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	80	11	24	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED MECHANIC
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER ABILE WILDER

10 BIRTHPLACE OF FATHER (city or town) HINGHAM
(State or country) MASS.

11 MAIDEN NAME OF MOTHER SUSAN CHANDLER

12 BIRTHPLACE OF MOTHER (city or town) ---------
(State or country) ---------

13 Informant SON
(Address) 49 MOORE ST. WINTHROP

14 Filed MAY 11, 1926 E. W. McGlenen
Registrar of city or town where death occurred

Filed ____, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 7 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from MAY 6, 1926, to MAY 7, 1926, that I last saw h IM alive on MAY 7, 1926, and that death occurred, on the dated stated above, at 8.53 A. m.

The CAUSE OF DEATH was as follows:

RUPTURED MEMBRANEOUS URETHRA

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PROSTATIC HYPERTROPHY

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. POWELL, M. D.

(Address)

Date MAY 8, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
GLENWOOD (EVERETT)
(Cemetery) (City or town)

DATE OF BURIAL 5-10, 1926

19 UNDERTAKER WALTER T. WHITE

ADDRESS

$0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus,

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

I PLACE OF DEATH

County Suffolk, State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. Winthrop Community Hosp St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Somers
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 427 Winthrop St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	✗	✗	✗	

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop Mass.
(State or country)

PARENTS

9 NAME OF FATHER Joseph Somers

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Rose Barron

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Joseph Somers
(Address) 427 Winthrop St.

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 9, 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from May 9, 19 26, to May 9, 19 26, that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? ~~FOR WHAT?~~

Did an operation precede death? Date of

Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Louis Leopold M. D.
(Address) 427 Winthrop St.
Date May 9 (Month) (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cem. Malden
(Cemetery) (City or town)

DATE OF BURIAL May 10 1926

19 UNDERTAKER Manuel Stanetsky
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress
9-B-9
Official position Health Officer Date of issue of permit May 9, 1926 Permit NO. 1078

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No. 2665 3

May 9, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Guy Natola, Jr.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 35 Tapley Ave St., Ward Revere Mass.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of x

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	x	x	x	

If STILLBORN, enter that fact here Still born.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work x
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Guy Natola

10 BIRTHPLACE OF FATHER (City)
(State or country) Italy.

11 MAIDEN NAME OF MOTHER Diana Pennacchio

12 BIRTHPLACE OF MOTHER (City)
(State or country) Italy.

13 Informant Guy Natola
(Address) 35 Tapley Ave. Revere

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 9 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
5/9, 19 26, to 5/9, 19 26,
that I last saw h[illegible] alive on ____, 19____,
and that death occurred, on the date stated above, at ____ m.
The CAUSE OF DEATH was as follows:

Still Born

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Prolapse cord, Elbow presentation

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Willard Ritvich, M. D.
(Address) 114 Shirley St. Winthrop
Date May (Month) 9 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Mass.
(Cemetery) (City or town)

DATE OF BURIAL 5/11

19 UNDERTAKER
[illegible]

ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith
Official position Secretary Date of issue of permit 5/10/26 Permit No. 1079

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

May 9, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 35 Sagamore Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Joseph Gauntry
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 35 Sagamore Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude A.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	29			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER John J

10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Nora Rafferty

12 BIRTHPLACE OF MOTHER (City) Everett
(State or country) Mass.

13 Informant Mrs Gertrude Gauntry
(Address) 35 Sagamore Ave

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 10 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 5/1, 1926, to 5/10, 1926, that I last saw h-- alive on 5/10, 1926, and that death occurred, on the date stated above, at 5:20 p m.

The CAUSE OF DEATH was as follows:

Carcinoma of Lung 3

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Anemia of Liver

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb. 1, '26

Was there an autopsy? Yes

What test confirmed diagnosis? + Rgy

(Signed) J Harvey Aylett, M. D.

(Address) 100 Tremont St. Bos.

Date 5/11/26 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL May 12, 1926

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert S. Smith Official position Secretary Date of issue of permit 5/12/26 Permit No. 1080

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk. State Mass. Registered No.
City or Town Winthrop No. 32 Marshall St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Heinrich Emil Gurke
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 32 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 4 years 4 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charlotte Gurke.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	1	25	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cigar Packer
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Germany.

PARENTS

9 NAME OF FATHER Unable to obtain

10 BIRTHPLACE OF FATHER (City) (State or country) Germany.

11 MAIDEN NAME OF MOTHER Unable to obtain

12 BIRTHPLACE OF MOTHER (City) (State or country) Germany.

13 Informant Frau F. Woods
(Address) 32 Marshall St.

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 12 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to May 12, 1926, that I last saw h alive on May 12, 1926, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH was as follows:

Apoplexy -

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (SECONDARY) ---

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Paralysis - clinical

(Signed) C. F. Taylor M. D.

(Address) Winthrop Mass

Date May (Month) 14 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL May 15. 1926

19 UNDERTAKER Chas. F. Patterson ADDRESS Winthrop.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert L. Lincoln Official position Secretary Date of issue of permit 5/14/26 Permit NO. 1051

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

May 12, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1162

City or Town Boston No. 91 Lowell Road, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Geraldine C. McCarthy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 91 Lowell Road, Winthrop Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 22 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
22	6	29	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) Name of employer

8 BIRTHPLACE (City) Winthrop,
(State or country) Mass.

PARENTS

9 NAME OF FATHER Daniel McCarthy

10 BIRTHPLACE OF FATHER (City) St. Louis
(State or country) Mo.

11 MAIDEN NAME OF MOTHER Mary G. McCormack

12 BIRTHPLACE OF MOTHER (City) Boston,
(State or country) Mass.

13 Informant Mrs. Mary G. McCarthy
(Address) 91 Lowell Road, Winthrop

14 Filed May 24/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 12 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1925, to May 12, 1926,
that I last saw h___ alive on May 12, 1926,
and that death occurred, on the date stated above, at 3 m.
The CAUSE OF DEATH was as follows:

Chronic nephritis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. 4 ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) ___, M. D.
(Address)
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Old Calvary Cemetery (Cemetery) (City or Town)
DATE OF BURIAL 5/15/26.

19 UNDERTAKER Richard E. Smith
ADDRESS East Boston.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress
Official position Health Officer
Date of issue of permit May 14, 1926
Permit No. 1084.

9.6.9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 10 2663 3

May 12, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Getley

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 26 Johnson Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nelson T Floyd
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 26 Johnson Ave., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 59 years 5 months 19 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Edith Crosby

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	5	19	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS

9 NAME OF FATHER B. Tappan T Floyd.

10 BIRTHPLACE OF FATHER (City) (State or country) Winthrop Mass

11 MAIDEN NAME OF MOTHER Adaline L. Pierce.

12 BIRTHPLACE OF MOTHER (City) (State or country) Winthrop Mass.

13 Informant Mrs. Edith Crosby T Floyd.
(Address) 26 Johnson Ave. Winthrop

14 Filed May 14 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 13 26
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan, 1923, to May 13, 1926, that I last saw h alive on May 13, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harvey A Tully M. D.

(Address) 2 W Chesapeake St

Date May 14 26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL May 16, 1926

19 UNDERTAKER Charles P Bennison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm L Paildrey M.D.
Official position Health Officer Date of issue of permit 5/15/26 Permit NO. 1086

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3

May 15 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH — Winthrop (City or town)
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 59 Summit Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Philpott MacNeill.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 59 Summit Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Ernest M. MacNeill.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	30	11	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Office clerk
(b) Name of employer Samuel Ward Co.

8 BIRTHPLACE (City) Shapleigh
(State or country) Maine.

PARENTS

9 NAME OF FATHER Herbert J. Philpott.

10 BIRTHPLACE OF FATHER (City) Shapleigh
(State or country) Maine.

11 MAIDEN NAME OF MOTHER Carrie M. Day

12 BIRTHPLACE OF MOTHER (City) Berwick
(State or country) Maine.

13 Informant Herbert J. Philpott, father
(Address) 59 Summit Ave.

14 Filed May 14/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 13 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to May 13, 1926, that I last saw her alive on May 13, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Acute Interstitial Nephritis

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 5 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass

Date May 14 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL — Winthrop (Cemetery) Winthrop (City or town) — DATE OF BURIAL May 15, 1926

19 UNDERTAKER Charles R. Bennison — ADDRESS Winthrop.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Albert L. Smith Y.A. Official position Secretary Date of issue of permit 5/14/26 Permit No. 1252

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

May 13, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, periloneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 281 Court Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Gerow
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 281 Court St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White.	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Eva M. Gerow.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	1	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stock broker.
(b) Name of employer

8 BIRTHPLACE (City) St. John.
(State or country) New Brunswick.

PARENTS

9 NAME OF FATHER Everett Gerow.

10 BIRTHPLACE OF FATHER (City)
(State or country) New Brunswick.

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City) Elizabeth Victoria
(State or country) New Brunswick.

13 Informant Mrs Eva M. Gerow, wife.
(Address) 281 Court St

14 Filed May 24/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 14 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 11, 1926, to May 14, 1926, that I last saw h— alive on May 14, 1926 and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH was as follows:

Angina pectoris

(duration) 4 yrs. about mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) Unknown yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles Clarkson, M. D.

(Address) Winthrop Mass

Date May 14 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL May 16. 1926

19 UNDERTAKER Charles P. Bennison

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Wilcox 9.13.9.

Official position Health Officer

Date of issue of permit May 14, 1926 Permit No. 1085

May 14, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
~~City or~~ Town Winthrop No. 30 Perkins St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Boston Loudon
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Perkins St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years — months — days. — How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Dorah Louie Phelps

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
77	6	3	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer —

8 BIRTHPLACE (City) (State or country) South England

PARENTS

9 NAME OF FATHER William H. Loudon

10 BIRTHPLACE OF FATHER (City) (State or country) England

11 MAIDEN NAME OF MOTHER Jane Burns

12 BIRTHPLACE OF MOTHER (City) (State or country) England

13 Informant [illegible] Winthrop Mass
(Address)

14 Filed May 24/26 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 14 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to May 14, 1926, that I last saw h m alive on May 14, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH was as follows:

Chronic Bronchial Nephritis

Chronic Myocardial degeneration (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) Senility yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jas. A. Gregory M. D.
(Address) 562 Hanley Street Winthrop
Date May 14 1926 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodlawn (Cemetery) Malden (City or town)
DATE OF BURIAL 5/16/26

19 UNDERTAKER Willis E. Hunt
ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress
Official position Health Officer Date of issue of permit 5/14/26. Permit NO. 108

9.B.9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100.000

May 14 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 5229 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. HOMES HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LOUISE M. CRANE
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS City or Town WINTHROP No. 19 WHEELOCK St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	9	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) WITHROP
(State or country) MASS

PARENTS

9 NAME OF FATHER CHARLES A. CRANE

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country) MASS.

11 MAIDEN NAME OF MOTHER SHERMINE MUGLER

12 BIRTHPLACE OF MOTHER (city or town) MENDALL
(State or country) CONN.

13 Informant FATHER
(Address) WINTHROP MASS.

14 Filed MAY 21, 1926 Edwin Glenen
Registrar of city or town where death occurred

Filed ____, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 18 (Month) (Day) 1926 (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from MAY 17, 1926, to MAY 18, 1926, that I last saw h ER alive on MAY 18, 1926, and that death occurred, on the dated stated above, at 2-15P m.

The CAUSE OF DEATH was as follows:

SCARLET FEVER

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ACUTE MYOCARDITIS

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) EDWARD C. SMITH, M. D.

(Address)

Date MAY 18, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL 5-20, 1926

19 UNDERTAKER C. T. BENNISON

ADDRESS

30,000

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

May 16, 1926.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 33 Hutchinson St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine M. Crouse
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33 Hutchinson St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of James E. Crouse

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43	-	-	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) mass

PARENTS

9 NAME OF FATHER John Shea

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Caddigan

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant James E. Crouse
(Address) 33 Hutchinson St.

14 Filed May 24/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 19 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 17, 1926, to May 19, 1926, that I last saw her alive on May 19, 1926, and that death occurred, on the date stated above, at 12.15 p.m.

The CAUSE OF DEATH was as follows:
Angina Pectoris
(duration) ___ yrs. ___ mos. 2 ds.
CONTRIBUTORY (SECONDARY) Intestinal-obstruction
(duration) ___ yrs. ___ mos. 4 ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? ___ FOR WHAT? ___ Date of ___
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?
(Signed) Robt Bonney, M. D.
(Address) Princeton
Date May 19 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL May 22, 1926

19 UNDERTAKER M. J. Kelly
ADDRESS 11 Meridian St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. W. Diane D. Childress
Official position Health Officer
Date of issue of permit 5/21/26. Permit No. 1087

9.3.9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., 2 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Lawson.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 Park St. St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Andrew D. Lawson

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
73	5	7	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) Name of employer —

8 BIRTHPLACE (City) Merrimac
(State or country) Mass

PARENTS

9 NAME OF FATHER Amos T. Small

10 BIRTHPLACE OF FATHER (City) Deer Isle
(State or country) Maine

11 MAIDEN NAME OF MOTHER Amy A Sargent

12 BIRTHPLACE OF MOTHER (City) So Amesbury
(State or country) Mass

13 Informant Mrs Ora E. Cole
(Address) 18 Town Bar.

14 Filed May 24/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 20 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to May 20, 1926, that I last saw her alive on May 20, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes

(duration) 5 yrs. 7 mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) P. E. Laughton M. D.

(Address) Winthrop Mass.

Date May 22 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Church St Cemetery Winthrop
(Cemetery) (City or town)

DATE OF BURIAL May 23

19 UNDERTAKER F. E. White

ADDRESS Winthrop Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Albert E. Smith Official position Secretary. Date of issue of permit 5/22/26 Permit NO. 1288

100 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 19 Villa Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Phinney
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 19 Villa ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 37 years months days. How long in U. S., if of foreign birth? Life years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	4	17	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer
(b) Name of employer

8 BIRTHPLACE (City) Brockton
(State or country) Mass

PARENTS

9 NAME OF FATHER George Phinney

10 BIRTHPLACE OF FATHER (City) Barnstable
(State or country) Mass

11 MAIDEN NAME OF MOTHER Cordelia Gorham

12 BIRTHPLACE OF MOTHER (City) Barnstable
(State or country) Mass

13 Informant Mrs Mary Phinney
(Address) 19 Villa Ave. Winthrop Mass

14 Filed May 11 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 22 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April, 1925, to May 22, 1926, that I last saw him alive on May 21, 1926, and that death occurred, on the date stated above, at 12-36 p.m.

The CAUSE OF DEATH was as follows:
Amyotrophic Lateral Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paralysis of Respiratory canle
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? —
FOR WHAT?
Did an operation precede death? No Date of —
Was there an autopsy? No If Under One Year, Was Baby Breast Fed
What test confirmed diagnosis? —

(Signed) Percy G Prime M. D.
(Address) 218 Main
Date May 22 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Wrentham Mass
(Cemetery) (City or town)
DATE OF BURIAL May 24 26

19 UNDERTAKER Lewis Jones & Son Inc
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. L. Childress, Official position Health Officer Date of issue of permit 5/22/26 Permit No. 1689

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died; **No such permit shall be issued until there shall have been delivered to such board, agent or clerk a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Wintlwrop No. Winthrop Commty Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Decrima
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 133 Cottage St St., 1 Ward. E. Boston
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) — —
5a If married, widowed or divorced HUSBAND of (or) WIFE of
6 AGE Years — Months — — Days — — If LESS than 1 day, — hrs. or — min.
If STILLBORN, enter that fact here Stillborn
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer
8 BIRTHPLACE (City) Wintlwrop
(State or country)

PARENTS
9 NAME OF FATHER Lorenzo
10 BIRTHPLACE OF FATHER (City) Italy.
(State or country)
11 MAIDEN NAME OF MOTHER Antonetta Cardinale
12 BIRTHPLACE OF MOTHER (City) Italy.
(State or country)

13 Informant Lorenzo Decrima
(Address) 133 Cottage St

14 Filed June 11, 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 22 26
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h____ alive on ____, 19__, and that death occurred, on the date stated above, at ____m.

The CAUSE OF DEATH was as follows:
Premature Non Viable
Cessarean Placenta Previa
(duration) ___ yrs. ___ mos. ___ ds.
CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ____ Date of ____
Was there an autopsy? ____
If under one year, was infant Breast Fed?
What test confirmed diagnosis? ____

(Signed) Thomas E. Halsall M. D.
(Address) 5 & 7 Pleasant St
Date May 23. 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
St. Michael (Cemetery) Boston. (City or town)
DATE OF BURIAL 5/25/26

19 UNDERTAKER
A. Tierney Boston
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Cuddy Official position Asst Clerk Date of issue of permit 5/25/26 Permit NO. 147

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease.** and those of persons **found dead.**

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. (Place of death) Registered No. 5457 (Place of residence)

City or Town Boston No. BOSTON PSYCHOPATHIC HOSPITAL Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LILLIAN S. KEYES
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 37 TRIDENT St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W	M.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN A. KEYES

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) CHARLESTOWN
(State or country) MASS.

PARENTS

9 NAME OF FATHER WILLIAM CLEMENS

10 BIRTHPLACE OF FATHER (city or town) (State or country) -----

11 MAIDEN NAME OF MOTHER CANNOT BE LEARNED

12 BIRTHPLACE OF MOTHER (city or town) (State or country) --------

13 Informant JOHN A. KEYES
(Address) 34 TRIDENT AVE. WINTHROP

14 Filed MAY 28 19 E W M Glenen
Registrar of city or town where death occurred
Filed June 5. 19 26
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY (Month) 24, (Day) 1926 (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

FRACTURE OF THE SKULL WITH ASSOCIATED CONTINUOUS HEMORRHAGES AND OEDEMA OF THE BRAIN, SUSTAINED UNDER CIRCUNSTANCES UNKNOWN. DIED SUDDENLY FOLLOWING A PERIOD OF MANIACAL EXCITEMENT.

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date MAY (Month) 24, (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: GARDEN (CHELSEA)
DATE OF BURIAL: 5-27-26 (Month) (Day) (Year)

19 UNDERTAKER: F. J. CROSBY
ADDRESS:

20 Burial permit issued by
Official position

21 Date of issue

DEATH should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See reverse side for extracts from the laws of the Commonwealth and instructions.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

May 24, 1926.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
~~City or~~ Town Winthrop No. 186 Pauline St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert L. Wills.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 186 Pauline St., Ward. 1
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Olive J. Wills

6 AGE: Years 50 | Months — | Days 17 | If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) Name of employer: Own Business

8 BIRTHPLACE (City) (State or country): Salem Mass

PARENTS

9 NAME OF FATHER: Samuel Wills
10 BIRTHPLACE OF FATHER (City) (State or country): Mass
11 MAIDEN NAME OF MOTHER: Elizabeth N. Kinney
12 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

13 Informant: Naydin Vera C. Wills
(Address) Miami Florida

14 Filed June 11 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: ~~May~~ June 5 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 31, 1926 to June 5, 1926
that I last saw ~~him~~ alive on June 4, 1926
and that death occurred, on the date stated above, at 3 6 m.

The CAUSE OF DEATH was as follows:
Chronic Nephritis, Chronic Myocarditis, Arteriosclerosis
Contributory Carcinoma of Bladder (duration) 4 yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) Carcinoma of Bladder (duration) ____ yrs. 5 mos. ____ ds

17 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) E. W. Dickinson M. D.
(Address) Winthrop Mass
Date June 5 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Phillips Maine (Cemetery) (City or town)
DATE OF BURIAL: June 7

19 UNDERTAKER: Walter F. White
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. L. Baldwin
Official position: Asst. Registrar
Date of issue of permit: 6/5/26
Permit No. 1291

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

June 5. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 829 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie M. C. Laughlin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 829 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Neal

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Ireland.

PARENTS

9 NAME OF FATHER: Doherty

10 BIRTHPLACE OF FATHER (City) (State or country): Ireland.

11 MAIDEN NAME OF MOTHER: Cannot be learned

12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland.

13 Informant: Mrs. M. C. Laughlin
(Address) 829 Shirley St.

14 Filed Jun 6 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 5 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Thay 11, 1926, to June 5, 1926, that I last saw h[illegible] alive on June 4, 1926, and that death occurred, on the date stated above, at 1117 m.

The CAUSE OF DEATH was as follows:

Edema of lungs.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Harry [illegible] M. D.

(Address) [illegible] Pleasant St

Date (Month) (Day) 26. (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL 6/7/26

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childers
Official position Health Officer
Date of issue of permit 6/7/26 Permit No. 1092

T. B. 1.

U. S.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 48 Trident Ave. ~~St.~~ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Aronson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 48 Trident Ave. St. Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph

6 AGE 54 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (City) (State or country) New York City

PARENTS

9 NAME OF FATHER Harris Pearlman

10 BIRTHPLACE OF FATHER (City) (State or country) Russia

11 MAIDEN NAME OF MOTHER Ida Camotsky learned

12 BIRTHPLACE OF MOTHER (City) (State or country) Russia

13 Informant S. Aronson
(Address) 104 Bradstreet Ave. Revere

14 Filed June 6 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 6. 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to June 6, 1926, that I last saw h___ alive on June 4, 1926, and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy?

If under one year, was infant Breast fed?

What test confirmed diagnosis?

(Signed) Igor Wehmont, M. D.
(Address) 73 Princeton St
Date June 6 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woburn
Oheb Jacob Cem.
(Cemetery) (City or town)

DATE OF BURIAL June 6th 1926

19 UNDERTAKER Manuel Stanetsky
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress
Official position Health Officer Date of issue of permit June 6/26 Permit NO. 1093.

200,000 9-25 No 2003 3

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. AGE should be stated EXACTLY.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. .until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Ward No. ~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 106 Grover Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen F. Root
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 106 Grover Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years 83 | Months 3 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none.
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Gillett Conn.

PARENTS

9 NAME OF FATHER: William A Root

10 BIRTHPLACE OF FATHER (City) (State or country): Unknown Conn.

11 MAIDEN NAME OF MOTHER: Cornelia Hills.

12 BIRTHPLACE OF MOTHER (City) (State or country): Unknown Conn.

13 Informant: Mary S Root
(Address) 106 Grover ave Win.

14 Filed June 8 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 7 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 7, 1926, that I last saw h alive on June 7, 1926, and that death occurred, on the date stated above, at 11-07 a.m.

The CAUSE OF DEATH was as follows:

Arteria Sclerosis, Myocarditis & Ch Interstitial Nephritis

Indefinite (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Renal failure

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? No Date of

Was there an autopsy? No

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed) Lucy P Brown, M. D.

(Address) 218 Main St

Date June 8 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hills Crematory (Cemetery) (City or town) DATE OF BURIAL 6/9/26

19 UNDERTAKER: J. Waterman Sons ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress
Official position Health Officer Date of issue of permit June 9/26 Permit NO. 1096

June 7 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town)

1 PLACE OF DEATH
County SUFFOLK State MASS Registered No.
City or Town WINTHROP Boston notified No. WINTHROP COMMUNITY HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles J. Kenney.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 Faywood Ave. St., Ward. E. Boston
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *********
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Nicholas

10 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Alice Mc Laughlin

12 BIRTHPLACE OF MOTHER (City) Brooklyn
(State or country) N.Y.

13
Informant Nicholas Kenney
(Address) 56 Faywood Ave. E. Boston

14
Filed ..... REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 8, 1926
(Month) (Day) (Year)

16
I HEREBY CERTIFY, That I attended deceased from June 7, 1926, to June 8, 1926,
that I last saw h.. alive on June 5, 1926,
and that death occurred, on the date stated above, at 11.35 a.m.
The CAUSE OF DEATH was as follows:

Stenosis Common Duct
Congenital

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No Phys. Signs
What test confirmed diagnosis?
(Signed) [illegible], M.D.
(Address) 13 Marlboro St Everett
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Holy Cross Malden (Cemetery) (City or town) — 6/7/26

19 UNDERTAKER — ADDRESS
Michael J. Porcella — 10 N. Benett.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Albert S. Smith M.D. Official position Secretary Date of issue of permit 6/8/26 Permit No. 1094

0. 3567.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

1 R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Winthrop~~ ~~Boston~~ No. 23, Tewksbury St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah L. Green
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 23 Tewksbury St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 8 months days. How long in U. S., if of foreign birth? years 8 months days

200,000 9-25 NO. 2662 3

INSTRUCTIONS: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See should be carefully supplied. AGE should be stated EXACTLY. NAME PLAINLY, WITH GIVEN NAME IN FULL. RESIDENCE instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of William H. Green

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	82	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Massachusetts

PARENTS

9 NAME OF FATHER John Cobb.

10 BIRTHPLACE OF FATHER (City) (State or country) Unknown

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) (State or country) Unknown.

13 Informant H. Lester Green
(Address) 23 Tewksbury St.

14 Filed June 10/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 8 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to June 8, 1926, that I last saw her alive on June 8, 1926, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 4 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Pulmonary Edema

(duration) ___ yrs. ___ mos. 2 ds

17 Where was disease contracted if not at place of death? ~~Home~~

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis? Symptoms

(Signed) Amy L Plummer, M. D.

(Address) 726 Saratoga St

Date June 9 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL. Willimantic - Willimantic Conn. DATE OF BURIAL June 10 26
(Cemetery) (City or town)

19 UNDERTAKER E. G. Tobin ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Health Officer Date of issue of permit 6/9/26 Permit NO. 1095

June 8. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Somerville (City or town)

1 PLACE OF DEATH Registered No. 555 (Place of death)

County Middlesex State Mass. Registered No. (Place of residence)

City or town Somerville No. Central St. Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary O. Cabral
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 71 Sagamore Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	26	11	12	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (city or town) St. Michael,
(State or country) Azores

PARENTS

9 NAME OF FATHER Joseph Oliver

10 BIRTHPLACE OF FATHER (city or town) St. Michael,
(State or country) Azores

11 MAIDEN NAME OF MOTHER Mary V. Deponte

12 BIRTHPLACE OF MOTHER (city or town) St. Michael,
(State or country) Azores

13 Informant: Joseph Cabral,
(Address) 71 Sagamore Ave., Winthrop, Mass.

14 Filed 6/9/26, 19 Jason M. Carson
Registrar of city or town where death occurred
Filed 6/13/26, 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 9, 1926.
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from June 7, 1926, to June 9, 1926
that I last saw her alive on June 9, 1926
and that death occurred, on the dated stated above, at 2 A. m.
The CAUSE OF DEATH was as follows:

Acute Cardiac Dilatation
following post operative shock
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Hysterectomy for fibroid tumors
(duration) yrs. ? mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/9/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry J. Cabeceiras, M. D.

(Address) Cambridge, Mass.

Date June 9, 1926.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross, Malden, Mass. June 12, '26
(Cemetery) (City or town) DATE OF BURIAL, 19

19 UNDERTAKER Joseph A. Costa ADDRESS Cambridge, Mass.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19. 25,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Buckland
(City or town)

1 PLACE OF DEATH

Registered No. _____
(Place of death)

County Franklin State Mass

Registered No. 15
(Place of residence)

City or Town Buckland No. _____, St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline L Merrill
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State _____ City or Town Ashfield Mass St.
(Usual place of abode)

Length of residence in city or town where death occurred years _____ months 7 days How long in U. S., if of foreign birth? years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Merrill

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57	11	11	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a Trade, profession, or particular kind of work) None

(b) Name of employer

9 BIRTHPLACE (city or town) Glascow
(State or country) Scotland

PARENTS

10 NAME OF FATHER Samuel Lynn

11 BIRTHPLACE OF FATHER (city or town) Glascow
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Elyabeth Walker

13 BIRTHPLACE OF MOTHER (city or town) Edinburg
(State or country) Scotland

14 Informant Elyabeth Harrisey
(Address) Shelburne Falls Mass

15 Filed June 12, 1926 Albert C Bray
Registrar of city or town where death occurred

Filed July 7, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to June 11, 1926

that I last saw h er alive on June 11, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Anemia Pernicious

Cause unknown

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Lab test R B C

(Signed) Amedee Paul Lamoureux, M.D.

, 19 (Address) 12 Main St Shelburne Falls

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill Fitchburg Mass

DATE OF BURIAL: June 15 1926

20 UNDERTAKER: William A Johnson Son

ADDRESS: Shelburne Falls Mass

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ---- ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probable* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby O'Neil
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 206 Washington St Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Hugh F. O'Neil

10 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Constance E Rogers

12 BIRTHPLACE OF MOTHER (City) Somerville
(State or country) Mass

13 Informant Mrs Anne Wingersky
(Address) 206 Washington St

14 Filed June 16 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 13 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ——, 19__, to ——, 19__,
that I last saw h— alive on ——, 19__,
and that death occurred, on the date stated above, at ____ m.
The CAUSE OF DEATH was as follows:

Stillborn - June-13-1926.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Edward J. Frainger M. D.
(Address) 7 Irving St
Date June (Month) 14 (Day) 1926. (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels Boston
(Cemetery) (City or town)
DATE OF BURIAL June 16, 1926

19 UNDERTAKER John F. O'Malley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued H. L. Childress H.D.
Official position Health Officer Date of issue of permit 6/16/26 Permit No. 1100

19. 5—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

200,000 9-25 NO. 2662 3.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH
County ~~Suffolk~~ Winthrop State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Corinna Beach, Sunnyside Ave. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Amy H. Peckham
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Corinna Beach St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Joseph W

6 AGE: Years 57; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER: George Bemis
10 BIRTHPLACE OF FATHER (City): Weston
(State or country) Mass
11 MAIDEN NAME OF MOTHER: Melvina Ford
12 BIRTHPLACE OF MOTHER (City): Boston
(State or country) Mass

13 Informant: Joseph W Peckham
(Address) Corinna Beach

14 Filed June 16 '26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: W. D. Childress M.D.
Official position: Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: June (Month) 14 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 13, 1926, to June 14, 1926, that I last saw h[illegible] alive on June 13, 1926, and that death occurred, on the date stated above, at 12.15 A.M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) P Twohey, M. D.
(Address) 356 Winthrop
Date June 14 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL / CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: June 16 '26

19 UNDERTAKER: Fredk A. Magrath ADDRESS: East Boston

Date of issue of permit: 6/14/26 Permit NO. 1097

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cambridge notified

The Commonwealth of Massachusetts

15,033

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop Tracks of B. & B. & L. R. R. Winthrop Beach St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Burns

(a) Residence. No. Cambridge, 21 Amory St., Ward.

(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes S. Thayer

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	53	8	5	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Newspaper employee
(b) Name of employer Boston American

8 BIRTHPLACE (City) Somerville
(State or country) Mass

PARENTS

9 NAME OF FATHER John J. Burns

10 BIRTHPLACE OF FATHER (City) Dublin
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Heanue

12 BIRTHPLACE OF MOTHER (City) Dublin
(State or country) Ireland

13 Informant E. F. P. Burns (Brother)
(Address) 21 Amory St. Cambr

14 Filed 6/15/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 14, 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Decapitation by the wheels of a moving Steam railroad train

(Alleged to have placed his head on the track between the front and the rear trucks of a passenger coach)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? Winthrop

(Signed) Geo. E. Burgess Magrath, M.D.

(Address)

Medical Examiner for Suffolk

Date June 14, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Cambridge Cambridge
(Cemetery) (City or town)

DATE OF BURIAL (Month) (Day) (Year)

19 UNDERTAKER [illegible] ADDRESS [illegible]

20 Burial permit issued by [illegible] Official position

21 Date of issue 6/15/1926 Permit No. 1878

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Arthur J. Burns
June 14. 1926.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 614 [illegible] St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace F. [illegible]
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 614 [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Irving

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	1	2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work [illegible]
(b) Name of employer

8 BIRTHPLACE (City) [illegible]
(State or country)

PARENTS

9 NAME OF FATHER [illegible]

10 BIRTHPLACE OF FATHER (City) [illegible]
(State or country)

11 MAIDEN NAME OF MOTHER [illegible]

12 BIRTHPLACE OF MOTHER (City) [illegible]
(State or country)

13 Informant [illegible]
(Address)

14 Filed June 18/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 15 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October, 1925, to June 15, 1926, that I last saw her alive on June 14, 1926, and that death occurred, on the date stated above, at 12.20 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Right Breast

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Cancer of Left Breast 1922 (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? Yes FOR WHAT? Cancer Date of ___

Was there an autopsy? No

If under one year, was infant Breast Fed? ___

What test confirmed diagnosis? Clinical & Biopsy

(Signed) Lowell E. Johnson M. D.

(Address) 123 [illegible] St

Date June 18 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]
(Cemetery) (City or town)

DATE OF BURIAL [illegible]

19 UNDERTAKER [illegible]

ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position Health Officer Date of issue of permit 6/18/26 Permit NO. 1098

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

June 15. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Winthrop Community Hos. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Revised Certificate

2 FULL NAME Baby Finkelstein
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 116 Thornton St., Ward. Revere
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here stillborn.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

9 NAME OF FATHER Louis

10 BIRTHPLACE OF FATHER (City) Boston,
(State or country)

11 MAIDEN NAME OF MOTHER Esther ~~Finkelstein~~ Sudhalter

12 BIRTHPLACE OF MOTHER (City) Chelsea.
(State or country)

13 Informant Louis Finkelstein
(Address) 116 Thornton St. Revere.

14 Filed June 16/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 15, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to ___, 19___,
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

stillborn

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Pemphigus neonatorum, syphilis congenita (duration) ___ yrs. ___ mos. 1 ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of ___
Was there an autopsy? ___
If under one year, was Infant Breast Fed? ___
What test confirmed diagnosis? ___

(Signed) Frank T. Sandler, M. D.
(Address) 20 Hanley St. Revere
Date June 15, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Everett Everett Jewish Cem.
(Cemetery) (City or town)
DATE OF BURIAL June 15, 1926

19 UNDERTAKER Manuel Stanetsky
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. P. Sheldrick 9.30
Official position Health Officer
Date of issue of permit 6/15/26
Permit No. 7499

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

June 15, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Winthrop (City or town) Registered No.
City or Town Winthrop No. 16 Bellevue Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Chester Johnson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Bellevue St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

200,000 9-25 NO 2662 3

PHYSICIANS should state CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of ~~(or WIFE of)~~ Jennie Mae (Sargent)

6 AGE: Years 76 Months 4 Days 16 If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Insurance
(b) Name of employer

8 BIRTHPLACE (City) Atlanzas Cuba
(State or country)

PARENTS

9 NAME OF FATHER William Gordon Johnson
10 BIRTHPLACE OF FATHER (City) St. Leonard N. B.
(State or country)
11 MAIDEN NAME OF MOTHER Elizabeth Merritt
12 BIRTHPLACE OF MOTHER (City) Dover Me.
(State or country)

13 Informant Jennie Mae Sargent Wife
(Address)

14 Filed July 2 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 25 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July, 1925, to June 25, 1926, that I last saw h in alive on June 24, 1926, and that death occurred, on the date stated above, at 3 1/2 m.

The CAUSE OF DEATH was as follows:

Cerebral Hemiplegia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY) Chronic - nefritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Orville E. DeLucia M. D.

(Address) 123 Winthrop St

Date June 25 1926 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hills (Cemetery) Boston (City or town) DATE OF BURIAL 6 28 26

19 UNDERTAKER Chas. F. Brown ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Muldoon 9.6.9. Official position Health Officer Date of issue of permit 6/25/26 Permit No. 1104

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,"."Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 6329 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEOPATHIC HOSP. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ANNIE TALCOTT

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 102 COURT ST St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of FRANK E.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	50	6	21	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

8 BIRTHPLACE (city or town) CAMBRIDGE
(State or country) MASS.

PARENTS

9 NAME OF FATHER JOHN S. WILEY

10 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER MARY BLEVINS

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant HUSBAND
(Address) 102 COURT RD, WINTHROP

14 Filed JUN 20, 1926 E. W. McGlenen
Registrar of city or town where death occurred

Filed ____, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JUN 27 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from JUN 12, 1926, to JUN 27, 1926, that I last saw h ER alive on JUN 27, 1926, and that death occurred, on the dated stated above, at 1 P m.

The CAUSE OF DEATH was as follows:

GENERAL CARCINOMATOSES

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) CANCER OF UTERUS

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. F. POLLOCK, M. D.

(Address)

Date JUN 28, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MT. PLEASANT (ARLINGTON)
(Cemetery) (City or town)

DATE OF BURIAL 6-30, 1926

19 UNDERTAKER W. T. WHITE

ADDRESS

0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . . from the clerk of the town where the person died: . . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . .a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
~~City or~~ Town Winthrop No. 66 Sargent St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Bartlett Coffin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 66 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Effie Cora Randall Coffin

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	1	26	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer Married Segment

8 BIRTHPLACE (City) Harrington
(State or country) Me

PARENTS

9 NAME OF FATHER Noah Nash Coffin

10 BIRTHPLACE OF FATHER (City) Harrington
(State or country) Me

11 MAIDEN NAME OF MOTHER Harriett Chase

12 BIRTHPLACE OF MOTHER (City) Harrington
(State or country) Me

13 Informant Mrs E. C. R. Coffin
(Address) 66 Sargent St Winthrop

14 Filed July 2, 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 6 (Month) 30 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May, 1926, to June 30, 1926, that I last saw h in alive on June 30, 1926, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Enteritis & Nephritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic [illegible]

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry A Kelly M. D.
(Address) 100 Clarendon St
Date 6 30 26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Evergreen Woburn Mass
(Cemetery) (City or town)
DATE OF BURIAL July 2/26

19 UNDERTAKER Chas. J. Sammons
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm D. Childress
Official position Health Officer Date of issue of permit 7/2/26 Permit NO. 1102

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200-100 9-25 No 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 57 Lindin Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston notified

2 FULL NAME John M Devine
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 7 National St South Boston Ward.
(Usual place of abode)
(If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Maud E Dembrock

6 AGE Last Birthday Years 58 | Months 2 | Days | If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Boston Fire Dept;
(b) Name of employer

8 BIRTHPLACE (City) Philadelphia
(State or country) Penn

PARENTS

9 NAME OF FATHER John Devine

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Catherine McLaughlin

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Maud E Devine
(Address) 7 National St So Bo

14 Filed July 6 26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Health Officer Date of issue of permit 7/3/26 Permit No. 1104

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 2 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July, 1924, to July 2, 1926 that I last saw h im alive on July, 1926 and that death occurred, on the date stated above, at 7-30 a.m.

The CAUSE OF DEATH was as follows:
Myocarditis -

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension + arterio sclerosis (duration) 2 yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? no FOR WHAT? Date of
Was there an autopsy? no
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) George A. Murray, M. D.
(Address) 515 Broadway, So. Boston
Date July 3 (Month) (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Mdn (Cemetery) (City or town) DATE OF BURIAL July 6/26

19 UNDERTAKER W. F. Caddy ADDRESS 146 Harrison Ave Boston

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-'25 No 2665

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass Registered No. 7
City or Town Winthrop No. 53 Centre St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Goodwin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 53 Centre St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Bernard.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland.

PARENTS

9 NAME OF FATHER Edward Slavin

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Margaret Slavin

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland.

13 Informant Mrs Mary J Cunningham
(Address) 53 Centre St

14 Filed July 5 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 2 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June, 19__, to July 2, 1926, that I last saw h[illegible] alive on June 29, 1926 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

Edema of Lungs

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) General Cutis Senilis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry M Kelly, M. D.
(Address) 200 Pleasant St

Date 7 3 26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town) DATE OF BURIAL July 5, 1926

19 UNDERTAKER John F. Mealey ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. F. Childress Official position Health Officer Date of issue of permit 7/3/26 Permit NO. 1103

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
Township or Village or
City Winthrop No. 30 Myrtle ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs Anna M. Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 30 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Smith

6 DATE OF BIRTH (month, day, and year) May 21 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge
(State or country) Mass

PARENTS
10 NAME OF FATHER Robert Dreland
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Leticia ? nee Irish
13 BIRTHPLACE OF MOTHER (city or town) St Johns
(State or country) N.B.

14
Informant Margaret Ireland
(Address) 30 Myrtle ave Winthrop

15
Filed ..... 19..
REGISTRAR
Wm. E. Childress

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-1926

17 I HEREBY CERTIFY, That I attended deceased from
June, 1926, to 7-2-, 1926
that I last saw h[illegible] alive on 7-2 1926
and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Disease of Cerebral Arteries
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Harvey A. Kelly M.D.
(Address) 901 Cumberland 1926

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Mt Auburn Cemetery 7-4 1926
20 UNDERTAKER — ADDRESS
Lewis Jones & Son 50 Bromfield St Boston Mass

Health Office 11/3/26 1103

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R 15. 2-'18. 100,000.

The Commonwealth of Massachusetts

State Infirmary
Tewksbury, Mass.
(City or town)

STANDARD CERTIFICATE OF DEATH

Registered No. [illegible]

1 PLACE OF DEATH

County Middlesex State Mass.

City or town Tewksbury State Infirmary No. State Infirmary St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. (Place of residence)

2 FULL NAME Annie T. Garner

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred years 10 months 11 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Garner

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	7	21	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (city or town) [illegible]
(State or country) [illegible]

PARENTS

9 NAME OF FATHER [illegible]

10 BIRTHPLACE OF FATHER (city or town) [illegible]
(State or country) Irela[illegible]

11 MAIDEN NAME OF MOTHER Mary Downie

12 BIRTHPLACE OF MOTHER (city or town) Mel learned
(State or country) [illegible]

13 Informant Hospital Records
(Address) STATE INFIRMARY, TEWKSBURY

14 Filed July 2, 19[illegible] JOHN H. NICHOLS, Supt.
Registrar of city or town where death occurred

Filed [illegible], 19[illegible]
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 2 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from Aug. 21, 19[illegible], to July 2, 19[illegible],
that I last saw her alive on July 1, 19[illegible],
and that death occurred, on the dated stated above, at 6:1[illegible] m.
The CAUSE OF DEATH was as follows:

Cancer of Intestine

(duration) 4 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
/ (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. [illegible]

(Signed) [illegible], M. D.

(Address) State Infirmary, Tewksbury, Mass.

Date July 2, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL
[illegible], 19

19 UNDERTAKER

ADDRESS

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk (Boston Injured) State Mass Registered No.
City or Town Winthrop No. 238 Shore Drive St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James F. Hickey
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 144 Saratoga St E. Boston St., Ward.
(Usual place of abode)
(If non-resident give city or town and state)
Length of residence in city or town where death occurred years months 21 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	2	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Police Captain
(b) Name of employer City of Boston

8 BIRTHPLACE (City)
(State or country) Boston Mass

PARENTS

9 NAME OF FATHER James Hickey

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Margaret M. Finkel

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Dr. John Hickey
(Address) 144 Saratoga St. E.B.

14 Filed July 16/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 7 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 27, 1926, to July 8, 1926, that I last saw him alive on July 8, 1926, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH was as follows:
Cirrhosis of Liver
Chronic
(duration) Don't Know yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Occlusion of Coronary
(duration) 1 yrs. mos. 1 ds

17 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Arthur W Fraser, M. D.
(Address) 49 Court St
Date July 8 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL July 10, 1926

19 UNDERTAKER Edwin A Lane
ADDRESS 259 Bowdoin St Dorchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm L. Childress
Official position Health Officer
Date of issue of permit 7/9/26
Permit NO. 1196

200,000 9-'25 NO. 2662 3.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Pompeo.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 176 Shore Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

200,000 9-25 NO 2662 3

R-301 should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years X | Months X | Days X | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here Stillborn.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop.
(State or country) Mass.

PARENTS

9 NAME OF FATHER John Pompeo.

10 BIRTHPLACE OF FATHER (City) Rome
(State or country) Italy

11 MAIDEN NAME OF MOTHER Elvira Vasca.

12 BIRTHPLACE OF MOTHER (City) Naples.
(State or country) Italy.

13 Informant John Pompeo. father
(Address) 176 Shore Drive

14 Filed July 16/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 10 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 7/10/26, 19___, to 7/10/26, 19___,
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

Still Born

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Frederick Hegan, M. D.
(Address) 270 Broadway, Revere
Date 7/10/26 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL July 13 1926

19 UNDERTAKER Charles R. Bennison

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress Official position Seattle Office Date of issue of permit 7/12/26 Permit NO. 1107

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. (City or town)
City or Town Winthrop No. 57 Sea View Ave St., 2 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabelle Frances Segale
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 57 Sea View Ave St., 2 Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 13 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of: —

6 AGE: Years 65 | Months 11 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here: —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer: —

8 BIRTHPLACE (City) (State or country): New York New York

PARENTS

9 NAME OF FATHER: Franklin Segale

10 BIRTHPLACE OF FATHER (City) (State or country): D.K.

11 MAIDEN NAME OF MOTHER: Isabelle F Clark

12 BIRTHPLACE OF MOTHER (City) (State or country): St. Johns N.B.

13 Informant: Jennie E. Wood
(Address): 57 Sea View Ave Winthrop

14 Filed July 16/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: July (Month) 11th (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 10th, 1926, that I last saw h[er] alive on July 10th, 1926, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH was as follows: Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (SECONDARY) (duration) 1 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? Winthrop

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Paralysis + general distress

(Signed) W. A. Morrison, M. D.

(Address) 80 Princeton St.

Date July (Month) 12 (Day) '26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL July 13/26

19 UNDERTAKER
C R Bennison

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Thomas Gilfedder M.D. Official position Health Officer Date of issue of permit 7/12/26 Permit NO. 1108

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

Registered No. 6673
(Place of death)

Registered No.
(Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. HARLEY HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LENA ABRAMOVITZ

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS City or Town WINTHROP No. 15 SEA FOAM AVE St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of MORRIS

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWORK
(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) RUSSIA

PARENTS

9 NAME OF FATHER DAVID EDOVITCH

10 BIRTHPLACE OF FATHER (city or town)
(State or country) RUSSIA

11 MAIDEN NAME OF MOTHER IDA ---------

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) RUSSIA

13 Informant HUSBAND
(Address) 15 SEA FOAM AVE, WINTHROP

14 Filed JUL 13, 1926 E. W. McGlenen
Registrar of city or town where death occurred

Filed July 16, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JULY 11 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from JULY 4, 19__, to JULY 11, 1926,
that I last saw h ER alive on JULY 11, 1926,
and that death occurred, on the dated stated above, at 9 A m.
The CAUSE OF DEATH was as follows:

LOBAR PNEUMONIA

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) CHR, MYOCARDITIS

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. F. HENDERSON, M. D.

(Address)

Date JULY 11, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MT. ZION CEM. (MELROSE)
(Cemetery) (City or town)

DATE OF BURIAL 7-11, 1926

19 UNDERTAKER
MANUEL STANETSKY

ADDRESS

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . or . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

102

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Danvers (City or town)

1 PLACE OF DEATH Registered No. (Place of death)

County Essex State Mass.

City or town Danvers No. Danvers State Hospital St., Ward Registered No. (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John M. Anderson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months 11 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cannot be learned

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired

(b) Name of employer

8 BIRTHPLACE (city or town) New Brunswick (State or country)

PARENTS

9 NAME OF FATHER Cannot be learned

10 BIRTHPLACE OF FATHER (city or town) Cannot be learned (State or country)

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (city or town) Cannot be learned (State or country)

13 Informant Gertrude F. Smith, (Address) Hathorne

14 Filed 7/20/26, 19 A. Lester Chase, Registrar of city or town where death occurred

Filed Aug 19 26, 19 ____ Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 18, 1926. (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 7, 1926, to July 18, 1926, that I last saw h[illegible] alive on July 18, 1926, and that death occurred, on the dated stated above, at [illegible] m.

The CAUSE OF DEATH was as follows:

Chronic cardiac valvular disease

Mitral insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis - Chr. myocarditis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Charles L. Clay, M. D.

(Address) Danvers

Date July 20, 1926.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett (Cemetery) (City or town)

DATE OF BURIAL [illegible], 19

19 UNDERTAKER Walter T. White

ADDRESS [illegible]

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

-30,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 7
City or Town Winthrop No. 206 Lincoln St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah F. Peters
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 206 Lincoln St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of William O.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	84	—	21	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

9 NAME OF FATHER Thomas Hammond

10 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant Mrs. Ella C. Lent
(Address) 206 Lincoln St Winthrop

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 19, 1926. (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 13, 1926, to July 19, 1926, that I last saw her alive on July 13, 1926, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis with Apoplexia, Cerebral —
(duration) 5 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Decpas. Foster -
(duration) ___ yrs. 1 mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No - Date of

Was there an autopsy? No -

What test confirmed diagnosis?

(Signed) A. W. Hallock Coffin M. D.
(Address) 15 Winnetou St. Winthrop
Date July (Month) 20, (Day) 1926 (Year) C. Burke

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town) DATE OF BURIAL July 22-26

19 UNDERTAKER Frank E. Brown ADDRESS Bos Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Caldwell Official position Health Officer Date of issue of permit 7/21/26 Permit No. 1109

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9 25 MO 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 90 Washington Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George - Nahum Hayward
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 90 Washington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 18 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ellen Louise Hayward

6 AGE: Years 23 | Months 2 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here — — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) Gilsum
(State or country) N. H.

PARENTS

9 NAME OF FATHER: Nahum Hayward
10 BIRTHPLACE OF FATHER (City): Gilsum,
(State or country) N. H.
11 MAIDEN NAME OF MOTHER: Hannah Bartel
12 BIRTHPLACE OF MOTHER (City): Marblehead
(State or country) Mass

13 Informant (Wife) Ellen L. Hayward
(Address) 90 Washington Ave. Winthrop

14 Filed July 24
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 7 (Month) 20 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 6-26, 1926, to 7-20, 1926, that I last saw h-in alive on 7-20, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:
Acute Uremia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) General Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harvey A. Kelly, M. D.
(Address) 200 Pleasant St
Date 7 (Month) 22 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 7/22/26

19 UNDERTAKER Chas. R. Bennion
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. F. Childress M. D.
Official position Health Officer Date of issue of permit 7/22/26 Permit NO. 1110

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Woburn (City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

City or Town Woburn No. 104 Highland Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margarite Jane Lygren
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 104 Highland St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 years X months X days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed ~~or divorced~~ HUSBAND ~~of~~ (or) WIFE ~~of~~ Horatio Lygren

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer Alve House

8 BIRTHPLACE (City) P. E. Island
(State or country)

PARENTS

9 NAME OF FATHER Benjiman Thompson

10 BIRTHPLACE OF FATHER (City) P. E. Island
(State or country)

11 MAIDEN NAME OF MOTHER Jane Tucker

12 BIRTHPLACE OF MOTHER (City) P. E. Island
(State or country)

13 Informant Mrs. Cornelius
(Address) 14 Williams St Worcester

14 Filed June 7/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 22 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to July 22, 1926, that I last saw h er alive on July 22, 1926, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH was as follows:

Carcinoma of uterus

(duration) ? yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) interstitial myocarditis

(duration) ? yrs. — mos. — ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History: Exam: Symptoms

(Signed) Sallie H. Saunders M. D.

(Address) 32 Woodside Park, Winthrop

Date July 23 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woburn Crystal Lake Cemetery (City or town) — DATE OF BURIAL 7/26

19 UNDERTAKER C. H. Bennett — ADDRESS Woburn

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Health Officer Date of issue of permit 7/23/26 Permit No 1111

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ No. 91 Winthrop St Hunt St Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Barry — Neill nee
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 91 Winthrop St Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Daniel E.

6 AGE: Years 72 | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teacher
(b) Name of employer: Self employed

8 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

9 NAME OF FATHER: William H. Neill

10 BIRTHPLACE OF FATHER (City) (State or country): Albany New York

11 MAIDEN NAME OF MOTHER: Margaret O'Brien

12 BIRTHPLACE OF MOTHER (City) (State or country): England

13 Informant: Daniel E. Barry
(Address): 91 Winthrop St

14 Filed July 27 26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D.
Official position: Health Officer Date of issue of permit 7/23/26 Permit NO. 1112

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 7 (Month) 22 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June, 1925, to 7-22, 1926, that I last saw h-e-r alive on 7-22, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH was as follows:

Acute Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Pernicious Anaemia

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
FOR WHAT
Did an operation precede death? ___ Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Harvey Atselly M. D.
(Address) 200 Pleasant
Date 7 (Month) 22 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary 'old' (Cemetery) (City or town) DATE OF BURIAL: July 24 26

19 UNDERTAKER: John E. Keenan ADDRESS: 403 Broadway So Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorised person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25, NO. 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH
County Middlesex State Mass Registered No.
City or Town Winchester No. 80 Buck Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Dickey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 80 Buck Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lizzie C. Dickey

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	x	x	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) Name of employer Salesman

8 BIRTHPLACE (City) Nashua
(State or country) N.H.

PARENTS

9 NAME OF FATHER Henry H Dickey

10 BIRTHPLACE OF FATHER (City) Lincoln Maine
(State or country)

11 MAIDEN NAME OF MOTHER Eliza Gurney

12 BIRTHPLACE OF MOTHER (City) Norway
(State or country) Me

13 Informant Carlton W. Dickey
(Address) 80 Buck Rd. Winchester

14 Filed July 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 23 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to July 23, 1926, that I last saw h— alive on July 23, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

Chronic interstitial Nephritis

(duration) 2 yrs. + mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Observation

(Signed) Raymond B Parker M. D.

(Address) Winchester Mass

Date July 24 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodside Winchester
(Cemetery) (City or town)

DATE OF BURIAL 7/28/26

19 UNDERTAKER C. R Bennett

ADDRESS Winchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm L. Childress M.D.

Official position, Health Officer Date of issue of permit 7/24/26 Permit NO. 1113

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

15,113
(City or town)

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 95 Beach Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Agnes Kelley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 95 Beach Road St. Ward.
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	60			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) Name of employer

8 BIRTHPLACE (City) Worcester
(State or country) Mass.

PARENTS

9 NAME OF FATHER Charles Kelley

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Ellen McCauley

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Thomas B. Kelley
(Address) 3 Montrose St Worcester

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 27, 1926
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes
Heart disease, Organic
(Found dead in bed)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Burgess Magrath, M.D.

(Address)

Medical Examiner for Suffolk

Date July 27 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
St. John's Cem.
(Cemetery) Worcester Mass.
(City or town)

DATE OF BURIAL July 29/26
(Month) (Day) (Year)

19 UNDERTAKER Callahan Bros.

ADDRESS Worcester

20 Burial permit issued by Wm. F. Childress Official position Health Office 21 Date of issue 7/27/26 Permit No. 1114

R. L. — WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to violence.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Elizabeth Apter Pratt
July 27, 1926

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 510 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Herbert Crdway
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 510 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 38 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Wh.	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary A. Crdway

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	4	9	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Produce Dealer
(b) Name of employer L. C. Fisher & Co

8 BIRTHPLACE (City) Exeter
(State or country) New Hampshire

PARENTS

9 NAME OF FATHER Edwin G. Crdway

10 BIRTHPLACE OF FATHER (City) Pelham
(State or country) N H

11 MAIDEN NAME OF MOTHER Maria Coulliard

12 BIRTHPLACE OF MOTHER (City) Frankfort
(State or country) Maine

13 Informant Mary Crdway
(Address) 510 Pleasant St

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 27 (Day) 1926. (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 4th, 1926, to July 27, 1926
that I last saw him alive on July 26th, 1926,
and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH was as follows:
Myocarditis with Acute
Dilatation of Heart -

(duration) ___ yrs. 3 mos. + ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Stethoscope +

(Signed) Horace E. Brayton M. D.
(Address) 77 Bartlett Road Winthrop Mass
Date July (Month) 27 (Day) 1926. (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) (City or town)
DATE OF BURIAL 7/30/26

19 UNDERTAKER J. E. Henderson
ADDRESS Everett Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. L. Childress M.D.
Official position Health Officer Date of issue of permit 7/28/26 Permit No. 1115

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 .10 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No. 30 Pleasant Park Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roy Gayland Halch
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Pleasant Park (Rd) St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 years X months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	50	11	1	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R.R. Conductor
(b) Name of employer B.R.B.T.L.R.R.

8 BIRTHPLACE (City) Weidson
(State or country) Vt

PARENTS

9 NAME OF FATHER John T. Halch

10 BIRTHPLACE OF FATHER (City) Woodstock
(State or country) Vt.

11 MAIDEN NAME OF MOTHER Edna E. Smith

12 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) N.H.

13
Informant Geo. Halch
(Address) 30 Pleasant Park Rd Winthrop

14
Filed July 29 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 28 (Day) 1926 (Year)

16
I HEREBY CERTIFY, That I attended deceased from May, 1926, to July 28, 1926
that I last saw h alive on July 28, 1926
and that death occurred, on the date stated above, at 19.30 P. m.
The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Indefinite (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Percy G. Proctor M. D.
(Address) 218 Main
Date July 28 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Rood Cemetery Winthrop
(Cemetery) (City or town)

DATE OF BURIAL
7-29-26

19 UNDERTAKER
Wm. P. Sweeney
ADDRESS
Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 7/29/26 Permit No. 1116

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 7206 (Place of death)

Registered No. _____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. 43 BEAUMONT ST. ASHMONT St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELIZABETH H. KAVANAUGH

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 233 WOODSIDE AV. St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	81			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer NONE

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER JAMES KAVANAUGH

10 BIRTHPLACE OF FATHER (city or town) _____
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER ELLEN MEADE

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) IRELAND

13 Informant WILLIAM M. QUINN
(Address) 785 WASH. ST. BROOKLINE

14 Filed AUG. 2, 1926 E.W.M. Glennen
Registrar of city or town where death occurred

Filed Aug 3, 1926 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JULY 30 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from APR. 6, 1926 to JULY 29, 1926, that I last saw h ER alive on JULY 29, 1926, and that death occurred, on the dated stated above, at 10 A m.

The CAUSE OF DEATH was as follows:

CANCER OF UTERUS

(duration) _____ yrs. X mos. _____ ds.

CONTRIBUTORY (SECONDARY) CANCER OF BRAIN WKS

(duration) _____ yrs. _____ mos. X X ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? YES Date of 5-1-26

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) NATHANIEL MASON, M. D.

(Address) _____

Date JULY 30, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
FOREST HILLS (BOSTON)
(Cemetery) (City or town)

DATE OF BURIAL 8-1, 1926

19 UNDERTAKER J. S. WATERMAN & SONS

ADDRESS

$0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent.. or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation. the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 7247 (Place of death)

Registered No. _____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASSACHUSETTS GENERAL HOSP St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME KENNETH L. HEAMAN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 45 LOCUST St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	10	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work --------
(b) Name of employer

8 BIRTHPLACE (city or town) MEDFORD
(State or country) MASS.

PARENTS

9 NAME OF FATHER WALTER H.

10 BIRTHPLACE OF FATHER (city or town) ROANOKE
(State or country) VA.

11 MAIDEN NAME OF MOTHER MAUD LEE

12 BIRTHPLACE OF MOTHER (city or town) NEW YORK CITY
(State or country) N. Y.

13 Informant FATHER
(Address) 45 LOCUST ST. WINTHROP

14 Filed AUG. 4, 1926 E.W. McGlenen
Registrar of city or town where death occurred

Filed _____, 1926 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JULY 31 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from JULY 30, 1926, to JULY 31, 1926, that I last saw h IM alive on JULY 31, 1926, and that death occurred, on the dated stated above, at _____ m.

The CAUSE OF DEATH was as follows:

STATUS LYMPHOTOCUS

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

(duration) ____ yrs. ____ mos. 4 ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) GEORGE A. MAC IVER, M. D.

(Address) _____

Date JULY 31, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL 8-2, 1926

19 UNDERTAKER FRANK E. BROWN

ADDRESS

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill;* (a) *Salesman*, (b) *Grocery;* (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Dover (City or town)

1 PLACE OF DEATH Registered No. 8 (Place of death)

County Norfolk State Mass Registered No. (Place of residence)

City or town Dover No. Strawberry Hill St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Carson Brown

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) **Residence.** State Mass City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. Brown

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70	11	2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Merchant
(b) Name of employer Small Store

8 BIRTHPLACE (city or town) Pelopuset, Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles Brown

10 BIRTHPLACE OF FATHER (city or town) Not known
(State or country)

11 MAIDEN NAME OF MOTHER Not known

12 BIRTHPLACE OF MOTHER (city or town) Not known
(State or country)

13 Informant Wife, Emma E. Brown
(Address) 11 Highland Ave, Winthrop Mass

14 Filed August 4, 1926 Earl K. Bryant
Registrar of city or town where death occurred
Filed Aug 7, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August (Month) 3 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to August 3, 1926
that I last saw him alive on August 3, 1926
and that death occurred, on the dated stated above, at 11 P.M.
The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 5 yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Mitchell, M. D.

(Address) Needham Heights, Mass

Date August 4, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Mt. Wollaston Cemetery (Cemetery) Quincy (City or town)

DATE OF BURIAL Aug 7, 1926

19 UNDERTAKER Walter F. White

ADDRESS Winthrop Mass

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . until he has received a permit from the board of health or its agent. or . from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**...**a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winchester (City or town)

1 PLACE OF DEATH County Suffolk State Mass Registered No.

City or Town Winchester No. 2 Maple Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Jane Kennedy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Maple Road St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If ~~married, widowed or divorced~~ HUSBAND of (or WIFE of) Edward G. Kennedy

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	6	2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) Munnsville
(State or country) N.Y.

PARENTS

9 NAME OF FATHER Charles Green

10 BIRTHPLACE OF FATHER (City) Munnsville
(State or country) N.Y.

11 MAIDEN NAME OF MOTHER Mary Post

12 BIRTHPLACE OF MOTHER (City) Fontaseti te
(State or country) Ottawa

13 Informant Ellen M. Graff.
(Address) 2 Maple Road Winchester

14 Filed Aug 16/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 3rd 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to Aug 3, 1926, that I last saw her alive on Aug 3, 1926, and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH was as follows:

Myocarditis chronic nephritis
Paremhypostasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Carcinoma involving left
glenoid & scapula
(duration) 1 yrs. 6 mos. ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) C. P. Worthington, M. D.
(Address) Winthrop Mass
Date Aug 3 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cypress Hills Brooklyn N.Y.
(Cemetery) (City or town)

DATE OF BURIAL 8/6/26

19 UNDERTAKER Chas R Brennan

ADDRESS Winchester

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Frank D. Hutchins

Official position Health Officer Date of issue of permit Aug. 4, 1926 Permit NO. 1117

9.B.9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9 25, NO 2662 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.— Nat , **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Bolton
(City or Town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH
County Worcester State Mass Registered No. (Place of death) Registered No. (Place of residence)
City or Town Bolton No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katheryn Margaret Ferris
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 147 Winthrop St., Ward. Winthrop Mass
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH March 7 1925
(Month) (Day) (Year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	7		

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass

PARENTS

10 NAME OF FATHER William R Ferris

11 BIRTHPLACE OF FATHER (city or town) Minneapolis
(State or country)

12 MAIDEN NAME OF MOTHER Janet Kirkland

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant William R. Ferris
(Address)

15 Filed Aug 5, 1926 Frank A. Powers
Registrar of city or town where death occurred
Filed Aug 7, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 5 1926
(Month) (Day) (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Drowning Accidental

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?

(Signed) J. J. Goodwin, M.D.
(Address) Clinton Mass
Medical Examiner for Forth Worcester Dist
Date Aug 5 1926
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop	Aug 7 1926 (Month) (Day) (Year)
20 UNDERTAKER Chas T Bennison	ADDRESS Winthrop

21 Burial permit issued by Frank A. Powers
Official position Town Clerk

22 Date of issue Aug 5 1926

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, **with the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

Aug. 3, 1926

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

Revere Rutland

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Winthrop Cum. Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Goldschmidt
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 Walnut St. Ward. Revere
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE — Years | — Months | 3 Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

9 NAME OF FATHER George A. Goldschmidt

10 BIRTHPLACE OF FATHER (City) New York City
(State or country)

11 MAIDEN NAME OF MOTHER Lena J. Jacobs

12 BIRTHPLACE OF MOTHER (City) Boston, Mass
(State or country)

13 Informant G. A. Goldschmidt
(Address) 56 Walnut St.

14 Filed Aug 16 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 6 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Aug 6, 1926, that I last saw h alive on Aug 6, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Cerebral Hyperpexy
with internal
hemorrhage.

(duration) ___ yrs. 4 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Premature Labor

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? Hospital
FOR WHAT?
Did an operation precede death? ___ Date of ___
Was there an autopsy? ___
If under one year, was infant Breast Fed? Yes
What test confirmed diagnosis? ___

(Signed) [illegible] M. D.
(Address) [illegible]
Date ___ (Month) ___ (Day) ___ (Year)

18 PLACE OF BURIAL CREMATION OR REMOVAL
Wirth Jewish Cem (Cemetery) (City or town)
DATE OF BURIAL AUG 6 1926

19 UNDERTAKER Warren Stanetsky
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Chisholm
Official position Health Officer
Date of issue of permit 8/3/26
Permit NO. 1118

9.3.a.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9 25 NO 2662 3

Aug. 6, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town Boston Winthrop No. Winthrop Com. Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Berkman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 26 Baird St., Ward. Dorchester
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE X Years X Months X Days | If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

9 NAME OF FATHER Robert Berkman

10 BIRTHPLACE OF FATHER (City) Chelsea, Mass.
(State or country)

11 MAIDEN NAME OF MOTHER Rose Segal

12 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)

13 Informant R. Berkman
(Address) 26 Baird St. Dor.

14 Filed Aug 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 4 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____, that I last saw h____ alive on ____, 19____, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Still Born

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY ____
(SECONDARY)
____ (duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ FOR WHAT? ____ Date of ____

Was there an autopsy? ____

If under one year, was infant Breast Fed? ____

What test confirmed diagnosis? ____

(Signed) ____, M. D.

(Address) ____

Date ____ (Month) ____ (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Betty Joseph Cem. (Cemetery) (City or town) | DATE OF BURIAL Aug 6

18 UNDERTAKER Manuel Stanetsky | ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. William D. Childs M.D. Official position Health Officer Date of issue of permit Aug 5, 1926 Permit No. 1119

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9 25 NO 2662 3

Aug. 6, 1928

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . .until he has received a permit from the board of health or its agent. . .or. . from the clerk of the town where the person died;. . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . .a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH County Suffolk State Mass (City or town) Registered No.

City or Town Winthrop No. 77 Buchanan St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura May Rogers Daniels
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 77 Buchanan St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 22 years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Wife of Harry H Daniels

6 AGE: 49 Years 11 Months 1 Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife.
(b) Name of employer

8 BIRTHPLACE (City) (State or country): St. Louis Mo

PARENTS

9 NAME OF FATHER: John J. Rogers.

10 BIRTHPLACE OF FATHER (City) (State or country): Hinds Co. Miss.

11 MAIDEN NAME OF MOTHER: Virginia Adelia May

12 BIRTHPLACE OF MOTHER (City) (State or country): New Orleans La.

13 Informant: Harry R. Daniels. Son
(Address) 77 Buchanan St.

14 Filed Aug 16 '26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Aug 7 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to Aug 7, 1926, that I last saw h[illegible] alive on Aug 1, 19[illegible], and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.
Cachexia

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Orville E Jo[illegible] M. D.

(Address) 12[illegible]

Date Aug 9 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) | DATE OF BURIAL: Aug 10, 1926

19 UNDERTAKER: Charles P Bennison | ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William L. Feldman 9.13.9. Official position: Health Officer Date of issue of permit 8/10/26 Permit NO. 1122

Aug. 7. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Permit No. 1120

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No.
Township Winthrop or Village or
City No. Station Hosp., Ft Banks, Mass. St. Surg Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John (none) WEBSTER, R-2367202, Sgt., Co C, 13th Infantry.

(a) Residence. No. US Army St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year) Feb 22/1884

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	42	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sergeant, Infantry
(b) General nature of industry, business, or establishment in which employed (or employer): US Army
(c) Name of employer

9 BIRTHPLACE (city or town) Ohio
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Service Record of soldier
(Address)

15 Filed Aug, 19 26
REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2/26, 19, to Aug 7/26, 19,
that I last saw him alive on August 7/26, 19,
and that death occurred, on the date stated above, at 12.30 p m.
The CAUSE OF DEATH* was as follows:

Hemorrhage, secondary to gastric ulcer

(duration) 0 yrs. 0 mos. 2 hours ds.

CONTRIBUTORY (SECONDARY) 1. Gastric ulcer. 2. Mitral insufficiency (duration) unknown yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? NO Date of

Was there an autopsy? YES

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

, 19 (Address) Station Hospital, Ft Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
[illegible]	8/ 19 26
20 UNDERTAKER	ADDRESS
[illegible]	

Issued - 8/9/26 - W. W. Chubbuck - Health Officer - Permit No. 1120
9.2.9
9.2.9.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town Winthrop No. 397 Pleasant St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George W. S. Thompson,
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 10 Revere St. St., Ward. Jamaica Plain
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	5	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Coal Salesman
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER George Thomson

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Unknown

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13
Informant John Madden
(Address) 397 Pleasant St. Winthrop

14
Filed Aug 12 26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress
Official position Health Officer Date of issue of permit 8/9/26. Permit No. 121

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 8 (Month) 9 (Day) 26 (Year)

16
I HEREBY CERTIFY, That I attended deceased from 8/2, 1926, to 8/9, 1926, that I last saw h- im alive on 8/9, 1926, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH was as follows:
Acute Dilatation of Heart

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Harry A. Felch, M. D.
(Address) 100 Tremont
Date 8 (Month) 9 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt. Benedict (Cemetery) Boston (City or town)

DATE OF BURIAL Aug. 11,

19 UNDERTAKER J. C. Waterman & Sons
ADDRESS Boston.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)

1 PLACE OF DEATH Registered No. 1226 (Place of death)

County Middlesex State Mass Registered No. (Place of residence)

City or town Cambridge No. Middlesex Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME -------- Berger
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) **Residence.** State Mass City or Town Winthrop No. 45 Highland Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
---	---	---	

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ---
(b) Name of employer ---

8 BIRTHPLACE (city or town) Cambridge
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles Berger

10 BIRTHPLACE OF FATHER (city or town) ---
(State or country) Mich

11 MAIDEN NAME OF MOTHER Ferne Austin

12 BIRTHPLACE OF MOTHER (city or town) ---
(State or country) Mich.

13 Informant Charles Berger
(Address) 45 Highland Ave. Winthrop

14 Filed Aug 20, 1926 Frederick W. Burke
Registrar of city or town where death occurred

Filed ---, 19--
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 14 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from --- , 19--, to --- , 19--,
that I last saw h-- alive on --- , 19--,
and that death occurred, on the dated stated above, at -- m.
The CAUSE OF DEATH was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ---
-- (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? ---

Did an operation precede death? --- Date of

Was there an autopsy? ---

What test confirmed diagnosis? ---

(Signed) Horatio S Card, M. D.

(Address) 411 Mass Ave. Boston.

Date August 14 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Middlesex College, Cambridge (Cemetery) (City or town)

DATE OF BURIAL , 19

19 UNDERTAKER

ADDRESS

0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . .or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston Interned

The Commonwealth of Massachusetts

15,149

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Boston Institutions: Multnomah County Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francesco Silvestro

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Boston 20 Hale St., Ward.

(If non-resident, give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ...hrs. or ....min.
	4	5	12	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer

8 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

9 NAME OF FATHER Giovanni Silvestro

10 BIRTHPLACE OF FATHER (City) Italy
(State or country)

11 MAIDEN NAME OF MOTHER Leonarda Di Franco

12 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

13
Informant Giovanni Silvestro (Father)
(Address) 20 Hale St. Boston - Mass

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 17 1926
(Month) (Day) (Year)

16
I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Fracture of the Skull with associated intracranial injury, caused by an accidental fall from a height (piazza)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? Multnomah

(Signed) Jerzy Burgess Magnuth, M.D.

(Address)

Medical Examiner for Suffolk

Date Aug. 16 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
St. michael Cemetery
(Cemetery) (City or town)

DATE OF BURIAL
aug. 17, 1926
(Month) (Day) (Year)

19 UNDERTAKER Angelo Gannini

ADDRESS Boston

20 Burial permit issued by — Official position — By Date of Issue 1926 Permit No. 3737

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Francesco Silvestro
Aug. 15, 1926

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 7568 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. PALMER MEMORIAL HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY CAUSER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 26 JEFFERSON St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of HARRY

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	58	2	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) ENGLAND

PARENTS

9 NAME OF FATHER CANNOT BE LEARNED

10 BIRTHPLACE OF FATHER (city or town)
(State or country) ---

11 MAIDEN NAME OF MOTHER ---

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) ---

13 Informant WILLIAM O. CAUSER
(Address) 26 JEFFERSON ST. WINTHROP

14 Filed AUG. 17, 1926 E. W. McGlenen
Registrar of city or town where death occurred

Filed Aug 20, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH AUG. 15 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from AUG. 7, 1926 to AUG. 15, 1926, that I last saw her alive on AUG. 15, 1926, and that death occurred, on the dated stated above, at 12 A m.

The CAUSE OF DEATH was as follows:

CANCER OF UTERUS

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. BARNEY, M. D.

(Address)

Date AUG. 15, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL 8-17, 1926

19 UNDERTAKER C. R. BRENNAN

ADDRESS

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. (City or town)

City or Town Winthrop No. 145 Hermon St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sumner Floyd
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 145 Hermon St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 35 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widower

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Ada E. Floyd

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	80	9	3	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Phillip Floyd

10 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Susanna Floyd

12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass.

13 Informant Mr. Carl S. Floyd
(Address) 87 Winthrop St. Winthrop, Mass.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 17, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 15, 1926, to August 17, 1926, that I last saw h- alive on August 17, 1926, and that death occurred, on the date stated above, at 10.55P m.

The CAUSE OF DEATH was as follows:
Acute Uremia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harvey A. Kelly M. D.
(Address) 100 Pleasant St.
Date 8 (Month) 18 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Cem--Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Aug. 20, 26

19 UNDERTAKER J. E. Henderson & Co

ADDRESS Everett

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position Health Officer Date of issue of permit Aug. 19/26 Permit No. 1123

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

0,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 22 Harvard St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Mc Lean
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22 Harvard St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Della

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	38			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Trainman
(b) Name of employer B.R.B. & L.R.R.

8 BIRTHPLACE (City) (State or country) Prince Edward Island

PARENTS

9 NAME OF FATHER John

10 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island

11 MAIDEN NAME OF MOTHER — Best

12 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island

13 Informant Della McLean
(Address) 22 Harvard St.

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug (Month) 18 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1926, to Aug 18, 1926, that I last saw h~~im~~ alive on Aug 17, 1926, and that death occurred, on the date stated above, at 4. a m.

The CAUSE OF DEATH was as follows:

Aortic Regurgitation & Mit obstruction & Regurgitation

Told I Cardiac Condition (duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Coronary Thrombosis (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Tracy G Browne, M. D.

(Address) 218 Main St Winthrop

Date Aug 20 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Aug 20, 1926

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position Health Officer Date of issue of permit Aug. 19/26 Permit NO. 1124

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

15,154

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 15, Enfield Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Margaret (Hurley) Sullivan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 15 Enfield St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 27 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy L Sullivan

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	27			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER John J Kennedy

10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Helen Boyle

12 BIRTHPLACE OF MOTHER (City) Galway
(State or country) Ireland

13 Informant Timothy L Sullivan
(Address) 15 Enfield Road

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 18 1926
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by Mercury (Corrosive Sublimate) Self administered allegedly by mistake for "aspirin"+

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? Winthrop, 20 Enfield

(Signed) George Byron Wyatt, M.D.

(Address)

Medical Examiner for Suffolk

Date Aug. 19 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL
Aug 20 1926
(Month) (Day) (Year)

19 UNDERTAKER J F McGlinchey

ADDRESS 1 Broadway Chelsea

20 Burial permit issued by William D. Childress Official position Health Officer

21 Date of issue Aug. 20/26 Permit No. 1126

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **supposably due to violence.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mary Margaret Sullivan
Aug. 18, 1926.

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 20, Sargent St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophia Jane Blake
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 57 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Jeremiah C. Blake

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	83	11	19	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Medford.
(State or country) Mass.

PARENTS

9 NAME OF FATHER George McIntosh.

10 BIRTHPLACE OF FATHER (City) Portsmouth
(State or country) New Hampshire

11 MAIDEN NAME OF MOTHER Hannah Bazen

12 BIRTHPLACE OF MOTHER (City) Portsmouth.
(State or country) New Hampshire.

13 Informant Ralph Dunn.
(Address) 20 Sargent St.

14 Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 22 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Aug 22, 1926, that I last saw her alive on Aug 22, 1926, and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 4 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) Reginald B Perkins, M. D.
(Address) Winthrop Mass
Date Aug 23 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Aug 26, 1926

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William H. Childress Official position Health Officer Date of issue of permit Aug. 25/26 Permit NO. 1126

200,000 9-25 NO 2662 3.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Essex State Mass Registered No. 22 of 1

City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A Mac Guinness
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 258 Fellsway West Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Patrick Mac Guinness

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66		28	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Bernard Mc Laughlin
10 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland
11 MAIDEN NAME OF MOTHER Alice O Kane
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Rev James L. Mc Guinness.
(Address) Son, 258 Fellsway Medford.

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 26, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1926, to Aug 26, 1926, that I last saw h alive on August 26, 1926, and that death occurred, on the date stated above, at 11.00 P m.

The CAUSE OF DEATH was as follows:

Fracture of hip

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) 10? yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Harold Munger M. D.

(Address) 620 Beach St Revere

Date August 27, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. (Cemetery) Malden. (City or town) DATE OF BURIAL Aug. 30, 1926.

19 UNDERTAKER Michael J. Murphy ADDRESS 327 Bunker Hill St, Charlestown

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position Health Officer Date of issue of permit Aug 27, 1926. Permit No. 1127.
2. D. C.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions and extracts from the laws on back of certificate.

00,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. (Place of death) Registered No. 7859 (Place of residence)

City or Town Boston No. , St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DWIGHT MARSHALL DICKINSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 61 SARGENT ST. St., Ward. WINTHROP
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of BLANCH E. DICKINSON

6 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	20	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work SALESMAN

(b) Name of employer YORK & WHITNEY PRODUCE

8 BIRTHPLACE (city or town) AMHERST,
(State or country) MASS.

PARENTS

9 NAME OF FATHER MARSHALL DICKINSON

10 BIRTHPLACE OF FATHER (city or town) AMHERST
(State or country) MASS.

11 MAIDEN NAME OF MOTHER JULIA HARLOW.

12 BIRTHPLACE OF MOTHER (city or town) AMHERST
(State or country) MASS.

13 Informant WIFE BLANCH E. DICKINSON
(Address) 61 SARGENT ST. WINTHROP

14 Filed , 19 E. W. McGlenen
Registrar of city or town where death occurred

Filed , 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) AUG (Day) 26, (Year) 1926.

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES: CARDIO VASCULAR DISEASE (CLINICALLY CORONARY SCLEROSIS)

(DIED SUDDENLY)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address)

Medical Examiner for SUFFOLK

Date (Month) AUG 26, (Day) 1926. (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL (Month) (Day) (Year)

WINTHROP (WINTHROP CEM.)

19 UNDERTAKER — ADDRESS

E. R. BENNISON — WINTHROP

20 Burial permit issued by

Official position

21 Date of issue

N. B.—WRITE PLAINLY. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

2-305

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) . . . . . .

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Aug. 26, 1926.

M R-.03

PRINT OR TYPEWRITE IN BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop. ~~Revere~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop. ~~Revere~~ No. 10 Surfside Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis E Taylor.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 10 Surfside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank F Taylor

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	11	17	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) Name of employer

8 BIRTHPLACE (City) Philadelphia
(State or country P. A.

PARENTS

9 NAME OF FATHER Ebenezer Woodbury
10 BIRTHPLACE OF FATHER (City) Manchester
(State or country) Eng.
11 MAIDEN NAME OF MOTHER Lydia Holbrook
12 BIRTHPLACE OF MOTHER (City) Manchester.
(State or country) Eng.

13 Informant Frank F Taylor
(Address) 10 Surfside Ave.

14 Filed Sept 10 1926
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or trans't permit was issued W. L. Childress M. D.
Official position Health Officer Date of issue of permit 8/30/26 Permit No. 1128

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 28 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to Aug 28, 1926
that I last saw h— alive on Aug 28, 1926
and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH was as follows:

Cerebral Apoplexy
(duration) 2 yrs. 2 mos. 13 ds.
CONTRIBUTORY (SECONDARY) Arterio sclerosis
(duration) ~~2~~ yrs. — mos. — ds.

17 Where was disease contracted if not at place of death? —
FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Arvilla E Johnson, M.D.
(Address) 142 Bennington St
Date Aug 30 1926 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cemetery Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Aug 31

19 UNDERTAKER Francis E Farrell
ADDRESS Winthrop

EXAMINED
1000 3567.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

15,161

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town) .....

1 PLACE OF DEATH

County Suffolk — State ..... Registered No. .....

City or Town Winthrop No. Yacht Club — St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Bradford Crook

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop Yacht Club St., ... Ward. .....

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie B.

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	68			

IF STILLBORN, enter that fact here .....

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) Name of employer R.R. Employee.

8 BIRTHPLACE (City) Bradford,
(State or country) Vt.

PARENTS

9 NAME OF FATHER Rodney R. Crook.

10 BIRTHPLACE OF FATHER (City) Vermont.
(State or country)

11 MAIDEN NAME OF MOTHER Matilda Unknown.

12 BIRTHPLACE OF MOTHER (City) Unknown.
(State or country)

13 Informant Rowland Crook.
(Address) 66 B. Huntington Ave. Boston

14 Filed Sept 10/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 28, 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Cardio-Vascular disease, probably Coronary Sclerosis.
(Died Suddenly.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? .....

(Signed) Henry Bryant Magnuth, M.D.
(Address) .....
Medical Examiner for Suffolk
Date Aug 28 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Woodlawn Cem. Everett.
(Cemetery) (City or town)

DATE OF BURIAL
Aug. 31, 1926
(Month) (Day) (Year)

19 UNDERTAKER J. S. Waterman & Sons

ADDRESS Boston.

20 Burial permit issued by ..... Official position .....

21 Date of issue AUG 30 1926

Permit No. 4129

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Aug. 28. 1926.

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.
(City or town)

Registered No. 357
(Place of death)

Registered No.
(Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass

City or town State Infirmary Tewksbury No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maurice J. Sipple
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 1 years - months 17 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. ____ min.
72	9	19	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) Name of employer

8 BIRTHPLACE (city or town) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER: John Sipple

10 BIRTHPLACE OF FATHER (city or town): Not learned
(State or country): Ireland

11 MAIDEN NAME OF MOTHER: Julia Barry

12 BIRTHPLACE OF MOTHER (city or town): Not learned
(State or country): Ireland

13 Informant: Hospital Records
(Address) STATE INFIRMARY TEWKSBURY JOHN H. NICHOLS

14 Filed Aug. 30, 1926
Registrar of city or town where death occurred

Filed ____, 19__
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug. 30, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1925, to Aug. 30, 1926, that I last saw him alive on Aug. 30, 1926, and that death occurred, on the dated stated above, at 8:10A. m.

The CAUSE OF DEATH was as follows:

Arterio sclerosis

(duration) + yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY): Chr. Myocarditis

(duration) + yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Diag.

(Signed) G. H. Cleary, M. D.

(Address) State Infirmary, Tewksbury, Mass.

Date Aug. 30, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Cem. Winthrop (Cemetery) (City or town)

DATE OF BURIAL: 9/2, 26

19 UNDERTAKER: C. R. Bennison by Gibbons

ADDRESS: Winthrop

Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2-10,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk
City or Town Winthrop (If not in city or town)
State Mass. Registered No.
No. , Winthrop Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Cazale
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 9 Nahant Ave Revere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day hrs. or 5 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

9 NAME OF FATHER John Cazale

10 BIRTHPLACE OF FATHER (City) Revere
(State or country)

11 MAIDEN NAME OF MOTHER Cecelia Holland

12 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country)

13
Informant Mr. John Cazale
(Address) 9 Nahant Ave Revere

14
Filed Sep. 10/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 1, 1926
(Month) (Day) (Year)

16
I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Sept 1, 1926,
that I last saw h[illegible] alive on Sept 1, 1926,
and that death occurred, on the date stated above, at 3,10 a.m.
The CAUSE OF DEATH was as follows:

Asphyxia Neonatorum
5 min.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible], M.D.
(Address) 6 [illegible] Revere
Date September 1, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL 9/2/26

19 UNDERTAKER William D. Casey
ADDRESS Chelsea

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress M.D.
Official position Health Officer Date of issue of permit 9/2/26 Permit No. 1129

SUGGESTIONS FOR FILLING OUT CERTIFICATE. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Mary Cazalé
Sept 1 1926

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts (City or town) Registered No.
City or Town Winthrop No. 11, Sturgis St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy Louise Hodgdon
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Sturgis St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	4	1	28	

If STILLBORN, enter that fact here
Date of Birth, July 10 1922

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

9 NAME OF FATHER Howard E. Hodgdon

10 BIRTHPLACE OF FATHER (City)
(State or country) Watertown Mass.

11 MAIDEN NAME OF MOTHER Doris A. Gatter

12 BIRTHPLACE OF MOTHER (City) Somerville
(State or country) Massachusetts

13
Informant Mrs. Doris G. Hodgdon
(Address) 11 Sturgis St. Winthrop

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept - 8 - 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926, to Sept 8, 1926; that I last saw her alive on Sept 8, 1926 and that death occurred, on the date stated above, at 6 50 P.M.

The CAUSE OF DEATH was as follows:

nephritis, acute

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) entero colitis

(duration) ___ yrs. ___ mos. 8 ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. & Clinical

(Signed) [signature], M. D.

(Address) Winthrop, Mass.

Date Sept 10 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Cem. - Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Sept. 11 '26

19 UNDERTAKER J. E. Henderson & Co

ADDRESS Everett

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress

Official position Health Officer Date of issue of permit 9/11/26 Permit No. 1131

INSTRUCTIONS — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

15/1180 Winthrop.
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No.

City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H. Davenhall
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 54 Buchanan St., Ward.
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 6 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	7		7	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Syracuse,
(State or country) New York

PARENTS

9 NAME OF FATHER William H. Davenhall

10 BIRTHPLACE OF FATHER (City)
(State or country) England.

11 MAIDEN NAME OF MOTHER Katherine Kessler.

12 BIRTHPLACE OF MOTHER (City)
(State or country) Germany.

13 Informant William H. Davenhall.
(Address) 54 Buchanan St.

14 Filed Sept. 10/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 8 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Multiple injuries including fractured of the skull and brain with associated internal damage, caused by a motor vehicle accident.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? Winthrop

(Signed) Leon Bryan Magrath, M.D.

(Address)

Medical Examiner for Suffolk

Date Sept 8th 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Sept. 10, 1926
(Month) (Day) (Year)

19 UNDERTAKER Charles R. Bennison

ADDRESS Winthrop

20 Burial permit issued by William D. Childress Official position Health Officer 21 Date of issue Sept. 9 1926 Permit No. 1130

MARGIN—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . ***General Laws, Chap. 38, Sec. 6.***

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—***General Laws, Chap. 38, Sec. 7.***

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

William T. Cleveland
Sept. 6. 1926.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 38, Main St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Reid.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 38 Main St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 8 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): (Married.)

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of James Reid.

6 AGE: Years 78 | Months 6 | Days 14 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Hants Harbor
(State or country) Newfoundland

PARENTS

9 NAME OF FATHER Charles Handsford.
10 BIRTHPLACE OF FATHER (City) (State or country) England.
11 MAIDEN NAME OF MOTHER Mary Pelly.
12 BIRTHPLACE OF MOTHER (City) Hants Harbor (State or country) Newfoundland.

13 Informant Willis F. Reid.
(Address) 35 Marshall St.

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. (Month) 11 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1926, to Sept 11, 1926; that I last saw h[er] alive on Sept 10, 1926, and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH was as follows:
Pneumonia, Bronchio
bilateral

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Fracture, surgical neck-rt. femur
(duration) ___ yrs. ___ mos. 12 ds

17 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of ___

Was there an autopsy? no

What test confirmed diagnosis? Lab + clinical

(Signed) [illegible], M. D.
(Address) Winthrop, Mass
Date Sept 11 - 1926 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery) Winthrop (City or town) — DATE OF BURIAL: Sept 13 1926

19 UNDERTAKER: Charles R Brennan — ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress M.D. Official position Health Officer Date of issue of permit 9/13/26 Permit NO. 1132

200,000 9-25 No 2662 3.

INSTRUCTIONS: NOTHING BEARING INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Sept. 11, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Winthrop ~~Suffolk~~ State ~~Massachusetts~~ Registered No.
City or Town ~~Boston~~ No. 258 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hannah Levy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 258 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 3 months 2 days. How long in U. S., if of foreign birth? 36 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Nathan Levy

6 AGE: Years 72 | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Holland.

PARENTS

9 NAME OF FATHER: Isaac Klain
10 BIRTHPLACE OF FATHER (City) (State or country): Holland.
11 MAIDEN NAME OF MOTHER: Reyna Nunes
12 BIRTHPLACE OF MOTHER (City) (State or country): Holland.

13 Informant: Charles Levy
(Address) 258 Shirley St.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Sept. (Month) 11 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Never, 19___, to ___, 19___,
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH was as follows:
Probably Angina Pectoris.
Natural Causes.
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis.
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of ___
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Raymond B. Gaskin M. D.
(Address) Winthrop Board of Health
Date Sept 12 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Roy. Mutual Soc. Mass (Cemetery) Montvale (City or town)
DATE OF BURIAL: Sept. 13. 26

19 UNDERTAKER: Mager Salomon & Son
ADDRESS: Roxbury

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. H. Childress M.D.
Official position Health Office Date of issue of permit 9/13/26 Permit No. 1123

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

Sept 1 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

BOSTON
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. (Place of death) Registered No. 8352 (Place of residence)

City or Town Boston No. HAYMARKET RELIEF STA. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY M. JAMIESON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 399 WINTHROP St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	WIDOWED

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of JAMES P.

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work CHAMBERMAID

(b) Name of employer HOTEL BELMONT, HARWICH

8 BIRTHPLACE (city or town)
(State or country) IRELAND

PARENTS

9 NAME OF FATHER JAMES MC DONALD

10 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER BRIDGET MADDEN

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13
Informant DAUGHTER
(Address) 399 WINTHROP ST. WINTHROP

14
Filed SEP 18 19 26 E. W. McGlenen
Registrar of city or town where death occurred
Filed Sept 24, 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT 14, 1926
(Month) (Day) (Year)

16
I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

MULTIPLE INJURIES INCLUDING FRACTURE OF THE SKULL WITH ASSOCIATED INTRACRANIAL DAMAGE AND SHOCK CAUSED BY PRECIPITATION FROM A HEIGHT (WINDOW) PRESUMABLY ACCIDENTAL

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date SEPT 15, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL HOLY CROSS (MALDEN)

DATE OF BURIAL 9-16-26
(Month) (Day) (Year)

19 UNDERTAKER RICHARD C. KIRBY

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See reverse side for extracts from the laws of the Commonwealth and instructions.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Sept. 14, 1926.

M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston Institute

15,216

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Within of 21 Evenash No., St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Bryson-

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 102 Hyde Park Ave. Boston Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Bryson.

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	72			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) Name of employer At Home

8 BIRTHPLACE (City)
(State or country) England.

PARENTS

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (City)
(State or country) England.

11 MAIDEN NAME OF MOTHER Unknown.

12 BIRTHPLACE OF MOTHER (City)
(State or country) England.

13 Informant Mrs. Marie Manary.
(Address) 74 Wellington Hill St. Boston.

14 Filed Oct. 5/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 16-17 1926
(Month) (Day) (Year)

16 (Found Sept. 17)

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by Carbon Monoxide (accidental to the use of a gas-hot water radiator heating appliance.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Geo. Burgin Magrath, M.D.

(Address)

Medical Examiner for Suffolk

Date Sept 22 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
St. Joseph, Boston.
(Cemetery) (City or town)

DATE OF BURIAL 9/25/26.
(Month) (Day) (Year)

19 UNDERTAKER Wm. J. Mahoney & Co.

ADDRESS Boston.

20 Burial permit issued by

Official position

21 Date of issue SEP 1926

Permit No. 4902

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . **He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.**—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Catherine Bryson
Sept. 16-17, 1926.

M R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston Notified 12

15,217

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State ..... Registered No. .....

City or Town Winthrop, 21 Sturgis Rd No. ....., St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph A. Bryson—

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No. 162 Hyde Park Ave., Boston Ward. .....

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or .... min.
	40			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) Name of employer

8 BIRTHPLACE (City) Boston,
(State or country) Mass.

PARENTS

9 NAME OF FATHER Joseph Bryson.

10 BIRTHPLACE OF FATHER (City) .....
(State or country) England.

11 MAIDEN NAME OF MOTHER Catherine OBrien.

12 BIRTHPLACE OF MOTHER (City) .....
(State or country) England.

13
Informant Mrs. Marie Manary.
(Address) 74 Wellington Hill St, Boston.

14
Filed Oct 5 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) Sept (Day) 16-7 (Year) 1926
(Jan 24 41)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by Carbon monoxide incidental to the use of a gas-hot water radiator heating appliance

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death .....

(Signed) Leroy Burgess Magrath, M.D.

(Address) .....

Medical Examiner for Suffolk

Date Sept. 22 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL St. Joseph, Boston.
(Cemetery) (City or town)

DATE OF BURIAL 9/25/26
(Month) (Day) (Year)

19 UNDERTAKER Wm. J. Mahoney & Co

ADDRESS Boston.

20 Burial permit issued by .....

Official position .....

21 Date of Sept 24 1926

Permit No. 4903

M. MARIE MANARY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . ***General Laws, Chap, 38, Sec. 6.***

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Joseph A. Bryson.
Sept. 16-17, 1926.

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 507 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Frances Macdonald
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 507 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred X years X months 14 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	X	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Charles Morris.

10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Helen Frances Pinkham

12 BIRTHPLACE OF MOTHER (City) North Leeds.
(State or country) Maine.

13
Informant Henry A. Macdonald
(Address) 103 Blake St. Mattapan

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 18 (Day) 1926 (Year)

16
I HEREBY CERTIFY, That I attended deceased from Sept 14, 1926, to Sept 18, 1926,
that I last saw h e alive on Sept 17, 1926,
and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis
Chronic valvular heart disease

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Observation.

(Signed) Raymond C. Parker, M. D.
(Address) Winthrop Mass
Date Sept 19 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt. Hope (Cemetery) Boston. (City or town)

DATE OF BURIAL Sept. 20, 1926

19 UNDERTAKER Charles P. Bennoch

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress
Official position Health Officer
Date of issue of permit 9/19/26
Permit NO. 1135

4.B.9.

PRINT PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred William Woodward
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 69 Grove ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of [redacted] Rachel M. Woodward

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	7	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cashier
(b) Name of employer Am. Hide & Leather Co

8 BIRTHPLACE (City)
(State or country) England

PARENTS

9 NAME OF FATHER Roberts. Woodward

10 BIRTHPLACE OF FATHER (City)
(State or country) England

11 MAIDEN NAME OF MOTHER unable to obtain

12 BIRTHPLACE OF MOTHER (City)
(State or country) " "

13
Informant Rachel. M. Woodward
(Address) 69 Grove ave Winthrop

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 18 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1926, to Sept 18, 1926, that I last saw h[illegible] alive on Sept 18, 1926, and that death occurred, on the date stated above, at 6.40 A.m.

The CAUSE OF DEATH was as follows:

Appendicitis - ruptured

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) General Peritonitis Sepsis

(duration) yrs. mos. 5 ds

17 Where was disease contracted if not at place of death? 69 Grove ave. (Winthrop)

Did an operation precede death? yes Date of Sept 13

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Richard Fretwell, M. D.

(Address) 114 Pleasant St

Date Sept 19 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Linden Hill Brooklyn N.Y.
(Cemetery) (City or town)

DATE OF BURIAL 9/21/26

19 UNDERTAKER C R Brennan

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Finlayson Official position Health Officer Date of issue of permit 9/19/26. Permit No. 1134

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass Registered No. 7
City or Town Winthrop No. 25 Pearl Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary O'Neil
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 Pearl Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Michael F.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	86			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland.

PARENTS

9 NAME OF FATHER Patrick McElroy.

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland.

11 MAIDEN NAME OF MOTHER Mary Keyes

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland.

13 Informant Mrs Thomas Berridge
(Address) 25 Pearl Ave

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 18 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 16/1926, 19___, to Sept 18, 1926, that I last saw h__ alive on Sept 11, 1926, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH was as follows:

Fracture neck of right femur
Aug 16/26

(duration) ___ yrs. 1 mos. 2 ds.

CONTRIBUTORY Senility + Arteriosclerosis
(SECONDARY) Bronchitis (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter E. Johnson, M. D.

(Address) 123 Winthrop St.

Date Sept 18 1926 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Sept 21, 1926

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm L. Childress Official position Health Officer Date of issue of permit 9/20/26 Permit NO. 1136

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 8521 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. GEN. HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SAMUEL SILVERSMITH

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 241 SHIRLEY St.

(Usual place of abode)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of SOPHIA

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	41			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FURNITURE FINISHER
(b) Name of employer ----------

8 BIRTHPLACE (city or town) ____
(State or country) RUSSIA

PARENTS

9 NAME OF FATHER HASKELL SILVERSMITH

10 BIRTHPLACE OF FATHER (city or town) ____
(State or country) RUSSIA

11 MAIDEN NAME OF MOTHER IDA HULAP

12 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) RUSSIA

13 Informant IRVING SILVERSMITH
(Address) BROOKLINE MASS.

14 Filed SEP 23, 1926 E. W. M. Glenen
Registrar of city or town where death occurred

Filed Sept 24, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT 20 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from AUG 5, 1926, to SEPT 20, 1926, that I last saw h IM alive on SEPT 20, 1926, and that death occurred, on the dated stated above, at 4 P m.

The CAUSE OF DEATH was as follows:

MYELOID LEUKEMIA

WKS
(duration) ____ yrs. ____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) ULCERATIVE STOMATITIS
WKS
(duration) ____ yrs. ____ mos. 5 ds.

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? YES Date of 8-20-26

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) C. E. WELLS, M. D.

(Address) ____

Date SEPT 21, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
HARTFORD (CONN.)
(Cemetery) (City or town)

DATE OF BURIAL 9-22, 1926

19 UNDERTAKER JACOB H. LEVINE

ADDRESS

Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**...**a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 16 Moore St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Faulkenes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Moore St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 7 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Billerica
(State or country) Mass

PARENTS

9 NAME OF FATHER Luther W. Faulkenes

10 BIRTHPLACE OF FATHER (City) Billerica
(State or country) Mass

11 MAIDEN NAME OF MOTHER Martha Merriman

12 BIRTHPLACE OF MOTHER (City) Greenspond
(State or country) Mass

13 Informant B. Frank Wild
(Address) 5 Sheffield Road Winchester

14 Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 21 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1926, to Sept 21, 1926, that I last saw h[illegible] alive on Sept 20, 1926, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH was as follows:

Cerhosis of Liver

(duration) 3 yrs. 7 mos. ___ ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) L. H. Raymond, M. D.

(Address) 76 Highland Ave Somerville

Date 9/24-26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation Mountburn Cambridge (Cemetery) (City or town) DATE OF BURIAL 9/23/26

19 UNDERTAKER F. W. Hutson ADDRESS Somerville

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Caldrese Official position Health Officer Date of issue of permit 9/21/26 Permit NO. 1137

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

Sept. 21, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 195 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Rufus McLeod
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 195 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred X years 6 months 6 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years 62 | Months 6 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Halifax
(State or country) N. S.

PARENTS

9 NAME OF FATHER: Harvey McLeod
10 BIRTHPLACE OF FATHER (City): Brooklyn
(State or country) N. S.
11 MAIDEN NAME OF MOTHER: Carrie A. Gardner
12 BIRTHPLACE OF MOTHER (City): Brooklyn
(State or country) Nova Scotia

13 Informant Harvey McLeod
(Address) 195 Winthrop St

14 Filed Oct. 5 '26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 30 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1926, to Sept. 30, 1926
that I last saw h was alive on Sept. 30, 1926
and that death occurred, on the date stated above, at 8.35 P. m.
The CAUSE OF DEATH was as follows:

Carcinoma of intestines

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms

(Signed) Arthur D. [illegible] M. D.
(Address) 32 Woodside Ave Winthrop
Date Sept 30 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 10/1/26

19 UNDERTAKER Chas A. Simmons
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me, BEFORE the burial or transit permit was issued Wm. F. Sullivan M. D.
Official position Health Officer Date of issue of permit 10/2/26 Permit NO. 1138

200,000 9-25 No 2662 3

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 8784 (Place of death)

Registered No. _____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. GENERAL HOSPITAL St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLES THOMAS DONNELLY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 108 GRANDVIEW AV St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	59	5	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ADVERTISING
(b) Name of employer -------

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER JOHN DONNELLY

10 BIRTHPLACE OF FATHER (city or town) _____
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER MARY A. CONNELLY

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) IRELAND

13 Informant EDWARD C. DONNELLY
(Address) 108 GRAND VIEW AVE. WINTHROP

14 Filed OCT. 2, 1926 E.W.M. Glennen
Registrar of city or town where death occurred

Filed Oct 2 K, 1926 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT 28 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT 28, 1926 to SEPT 28, 1926, that I last saw h IM alive on SEPT 28, 1926, and that death occurred, on the dated stated above, at 6 P m.

The CAUSE OF DEATH was as follows:

LUETIC AORTITIS

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) CORONARY THROMBOSIS

(duration) ____ yrs. ____ mos. 1 ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) GEORGE A. MAC IVER, M. D.

(Address) _____

Date SEPT 29, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
CALVARY
(Cemetery) (City or town)

DATE OF BURIAL 10-1, 1926

19 UNDERTAKER JOHN H. MC CORMICK

ADDRESS

NOTE—WRITE PLAINLY WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Age should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Woolaston
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Woollaston No. 34 Crescent Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kent Remsby
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 34 Crescent Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 2 months 25 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	X	2	25	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Woollaston
(State or country) Mass

PARENTS

9 NAME OF FATHER William E. Remsby
10 BIRTHPLACE OF FATHER (City) Weymouth
(State or country) Mass
11 MAIDEN NAME OF MOTHER Connely, Ellen Kent
12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant W. E. Remsby
(Address) Weymouth Mass

14 Filed Oct 5 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 1 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 5, 1926, to Oct 1, 1926, that I last saw h im alive on Sept 30, 1926, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH was as follows:

Pulmonary Stenosis
(Congenital Heart Lesion)
(duration) yrs. 2 mos. 25 ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Casual Observation

(Signed) R. B Parker, M. D.
(Address) Winthrop Mass
Date Oct 1 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Woollaston (Cemetery) Woollaston (City or town)
DATE OF BURIAL: 10/2

19 UNDERTAKER: C R Remsen
ADDRESS: Woollaston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Kindrey M.D. Official position Health Officer Date of issue of permit 10/2/26 Permit NO. 1139

SHADED SPACES TO BE LEFT BLANK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town)

1 PLACE OF DEATH
County SUFFOLK State MASS Registered No.
City or Town WINTHROP No. 106 BARTLETT Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME THOMAS F McDONOUGH
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 106 BARTLETT Rd. Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5a If married, widowed or divorced HUSBAND of (or) WIFE of AGNES M.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED
(b) Name of employer

8 BIRTHPLACE (City) SOUTH BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER PATRICK

10 BIRTHPLACE OF FATHER (City)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER MARY JOYCE

12 BIRTHPLACE OF MOTHER (City)
(State or country) IRELAND

13 Informant MRS. AGNES McDONOUGH
(Address) 106 BARTHETT RD.

14 Filed Oct. 5 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 2 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Sept, 1926, to Oct 2, 1926,
that I last saw h in alive on Oct, 1926
and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:
Acute Endocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Acute Miliary Tuberculosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry A Kelly, M. D.
(Address) 200 Pleasant St.
Date 10 (Month) 2 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
CALVARY (Cemetery) BOSTON (City or town)

DATE OF BURIAL OCT 4, 1926

19 UNDERTAKER John T. O'Malley

ADDRESS WINTHROP

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Baldwin M.D. Official position Med. Exr. 10/4/26 Date of issue of permit Permit No. 1146

260,000 9-25 NO 2662 3

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 80 Read Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jeannette Lane Moore (If in the Army or Navy of the United States, give rank, organization, etc.) Community Hospital

(a) Residence. No. 80 Read St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months 5 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years | Months | Days: 5 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

9 NAME OF FATHER Alfred W. Moore
10 BIRTHPLACE OF FATHER (City) (State or country) Winthrop Mass
11 MAIDEN NAME OF MOTHER Emma R. Rayner
12 BIRTHPLACE OF MOTHER (City) (State or country) Somerville Mass

13 Informant Alfred W. Moore
(Address) 80 Read St Winthrop

14 Filed Oct 15 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 6 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1926, to Oct 6, 1926, that I last saw h[illegible] alive on Oct 6, 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH was as follows:

Coronal Heart Lesion
Pulmonary Stenosis

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) Roy B Parker M. D.
(Address) Winthrop Mass
Date Oct 7 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 10/7/26

19 UNDERTAKER Chas R. Brown
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Address
Official position Health Officer Date of issue of permit 10/7/26 Permit NO. 1141

SEE OTHER SIDE FOR INSTRUCTIONS. WRITE IN BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 1162

I PLACE OF DEATH
County Suffolk State Massachusetts

City or Town Boston Winthrop No. , 153 Court Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Curtin
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 153 Court Road, Winthrop Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 years months days. How long in U. S., if of foreign birth? 50 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Bathurst,
(State or country) New Brunswick

PARENTS

9 NAME OF FATHER John Curtin

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Leahy

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13
Informant David Curtin, Brother
(Address) 153 Court Road, Winthrop

14
Filed Oct 11/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 8 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Sept 20, 1926, to Oct 8, 1926,
that I last saw h-e alive on Oct 7, 1926,
and that death occurred, on the date stated above, at 10 A m.
The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY)

(duration) 3 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis? Symptoms & Observation

(Signed) Raymond S Parker, M. D.
(Address) Winthrop Mass
Date Oct 10 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Old Calvary, Boston Oct
(Cemetery) (City or town)

DATE OF BURIAL
Oct 11, 1926

19 UNDERTAKER
Richard C Kelly

ADDRESS
East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position C. O. Date of issue of permit 10/11/26 Permit No. 1142

9.B.9

200,000 9-25 NO. 2662-3.

PRINT OR TYPEWRITE IN BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

Dr. Parker, Winthrop

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 72, Cottage Park Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel A. Burns
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 72 Cottage Park Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ida J. Burns
6 AGE Years: 68 Months: Days: If LESS than 1 day, ___ hrs. or ___ min.
If STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Conductor (b) Name of employer: Boston Elevated
8 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS
9 NAME OF FATHER: Unknown
10 BIRTHPLACE OF FATHER (City) (State or country): Unknown
11 MAIDEN NAME OF MOTHER: Unknown
12 BIRTHPLACE OF MOTHER (City) (State or country): Unknown

13 Informant: Ida J. Burns (Address) Winthrop
14 Filed 10/2/26 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 9 (Day) 1926 (Year)
16 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1926 to Oct 9, 1926 that I last saw h[im] alive on Oct 7, 1926 and that death occurred, on the date stated above, at 6.30 A m.
The CAUSE OF DEATH was as follows:
Angina pectoris
(duration) ___ yrs. ___ mos. ___ ds.
CONTRIBUTORY (SECONDARY) myocarditis
(duration) ___ yrs. ___ mos. ___ ds
17 Where was disease contracted if not at place of death?
Did an operation precede death? No FOR WHAT? Date of
Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis?
(Signed) [illegible], M. D.
(Address) 336 Winthrop St
Date Oct (Month) 9 (Day) 1926. (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cambridge (Cemetery) (City or town) DATE OF BURIAL: Oct 12, '26
19 UNDERTAKER: C. A. Rollins ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress M.D. Official position: Health Officer Date of issue of permit: 10/12/26 Permit No. 1144

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1-000.000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body, . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF ~~DEATH~~
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 86 Summit Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel C. Gorman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 86 Summit Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Noah

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) New York City
(State or country)

PARENTS

9 NAME OF FATHER Cannot be found Gallagher

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Cannot be found

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Mrs Sadie Gorman
(Address) 86 Summit Ave

14 Filed Oct 12/26 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 9 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1926, to Oct. 9, 1926, that I last saw her alive on Oct. 8, 1926, and that death occurred, on the date stated above, at 8:A. m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) ? yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed) Edward J. Granger, M. D.
(Address) 7 Irving St.
Date Oct. 9. 1926. (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cambridge (Cemetery) (City or town) DATE OF BURIAL Oct 11.26

19 UNDERTAKER Tom J Connolly ADDRESS 1409 Washington St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D. Official position Health Officer Date of issue of permit 12/11/26 Permit NO. 1173

PRINT, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 1
City or Town Winthrop No. Ware Way Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John R. Mulvey
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. Ware Way Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Marie

6 AGE: Years 72; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Timothy
10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
11 MAIDEN NAME OF MOTHER Eleanor Dean
12 BIRTHPLACE OF MOTHER (City) St Johns
(State or country) N.B.

13 Informant Mrs M. Mulvey
(Address) Ware Way Ave

14 Filed 10/12/26 REGISTRAR
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. F. Childress M.D. Official position Health Officer Date of issue of permit 10/13/26 Permit NO. 11-46

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 12 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 12, 19 26, to Oct 12, 19 26, that I last saw h alive on Oct 12, 19 26, and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH was as follows:

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

(Address)

Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary (Cemetery) Boston (City or town) — DATE OF BURIAL: Oct 14/26

19 UNDERTAKER John F. O'Malley — ADDRESS Winthrop

INSTRUCTIONS TO PHYSICIANS AND UNDERTAKERS: THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. WRITE PLAINLY, WITH UNFADING BLACK INK

200,000 9-25 NO 2662 3

Oct 12. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. Brittin 12

1 PLACE OF DEATH
County Suffolk. State Mass
City or Town Wellesley Meridan Conn-notified No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Cunningham
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 140 Park St., Ward. Meridan Conn
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 3 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Wm Martin

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	50			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Worcester
(State or country) Mass

PARENTS

9 NAME OF FATHER Wm Flynn

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland.

11 MAIDEN NAME OF MOTHER Catherine O'Hara

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Mrs Helen M. Carthy
(Address) 6 Walden Ter.

14 Filed Oct 13 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 12 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Oct. 11, 1926, that I last saw h alive on Oct. 11, 1926 and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH was as follows:

Diabetes

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Gangrene Rt. foot.

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) William M. Santos, M. D.

(Address) 500 Cambridge Road

Date Oct. 12 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) Meridan Conn (City or town)
DATE OF BURIAL Oct 15/26

19 UNDERTAKER John J O'Neale
ADDRESS Wellesley

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress
Official position Health Officer Date of issue of permit 10/12/26 Permit NO. 1145

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 25 Read St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Mulloy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 25 Read St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here: Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER James

10 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass

11 MAIDEN NAME OF MOTHER Agnes Mulloy Power

12 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass

13 Informant James Mulloy
(Address) 25 Read St

14 Filed Oct 13/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 14 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1926, to Oct 14, 1926
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

Sudden Death
(Premature 8 mos)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) [illegible]
Date Oct 16 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Michaels Boston
(Cemetery) (City or town)
DATE OF BURIAL: Oct 16/26

19 UNDERTAKER: John F O'Maly
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress M. D.
Official position: Health Officer
Date of issue of permit: Oct 15 26
Permit NO. 1147

Oct 14 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ No. 19 Ocean Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J Sweeny
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 19 Ocean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed or divorced HUSBAND of (or) WIFE of
6 AGE Years 50 Months Days If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Salesman (b) Name of employer
8 BIRTHPLACE (City) (State or country) Boston
PARENTS
9 NAME OF FATHER Patrick
10 BIRTHPLACE OF FATHER (City) (State or country) Ireland
11 MAIDEN NAME OF MOTHER Margaret Kelley
12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland
13 Informant Mrs Charles Thuall
(Address) 19 Ocean Ave
14 Filed Nov 1 '26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 20 1926
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926 to Oct 20, 1926
that I last saw h alive on Oct. 19, 1926,
and that death occurred, on the date stated above, at 6 P, m.
The CAUSE OF DEATH was as follows:
Arteriosclerosis
Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds
17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?
(Signed) [illegible] M. D.
(Address) 856 Tremont St
Date Oct 21 1926
(Month) (Day) (Year)
18 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Boston DATE OF BURIAL Oct 23 26
(Cemetery) (City or town)
19 UNDERTAKER John J Donnelly ADDRESS 1409 Washington St

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress Official position Health Officer Date of issue of permit 10/23/26 Permit NO. 1148

0-'25-

Oct 20 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . or. . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 9452 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEOPATHIC HOSP. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME THELMA B. PHINNEY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 76 CRYSTAL St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	18	5		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work STUDENT
(b) Name of employer

8 BIRTHPLACE (city or town) LYNN
(State or country) MASS.

PARENTS

9 NAME OF FATHER FRANK

10 BIRTHPLACE OF FATHER (city or town) MARGARETSVILLE
(State or country) N. S.

11 MAIDEN NAME OF MOTHER ESTHER E. CHURCHILL

12 BIRTHPLACE OF MOTHER (city or town) LYNN
(State or country) MASS.

13 Informant FATHER
(Address) 76 CRYSTAL AVE- WINTHROP

14 Filed OCT. 26, 1926 E. W. McGlenen
Registrar of city or town where death occurred

Filed Oct 28, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH OCT. 22 1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY**, That I attended deceased from SEPT 9, 1926 to OCT. 22, 1926, that I last saw h ER alive on OCT. 22, 1926, and that death occurred, on the dated stated above, at 10 P m.

The CAUSE OF DEATH was as follows:

CHRONIC APPENDICITIS WITH
OPERATION THEREFORE

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) LOBAR PNEUMONIA

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of SEP 13

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. F. POLLOCK, M. D.

(Address)

Date OCT. 22, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
PINE GROVE (LYNN, MASS)
(Cemetery) (City or town)

DATE OF BURIAL 10-25, 1926

19 UNDERTAKER
J. S. WATERMAN & SONS

ADDRESS

$0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 270 Shirley St., Ward
(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Joseph Lafayette Williams
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 270 Shirley St St., Ward. 3
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Lillian Williams

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58	1	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumber & Gas Fitter
(b) Name of employer Own Business

8 BIRTHPLACE (City) Gloucester
(State or country) Mass

PARENTS

9 NAME OF FATHER Joseph Williams

10 BIRTHPLACE OF FATHER (City)
(State or country) Don't Know

11 MAIDEN NAME OF MOTHER Mary Rubenshaugh

12 BIRTHPLACE OF MOTHER (City)
(State or country) Don't Know

13
Informant Wife - Lillian Williams
(Address) Shirley St. Winthrop Mass

14
Filed Nov 1 26
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 10/24/26 Permit NO. 1149

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 22 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to ___, 19___,
that I last saw h me alive on Oct 18, 1926,
and that death occurred, on the date stated above, at 10.30 A. m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) 30 [illegible]
Date Oct 23 26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Cemetery Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Oct 27/26

19 UNDERTAKER Walter T. White
ADDRESS Winthrop Mass

N.B. WHITE PRINTING ONLY should be used. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3

Dec. 22, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1162
City or Town ~~Boston~~ Winthrop No. 78 Crystal Cove Avenue St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael V. Garcia
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 78 Crystal Cove Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? 50 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Joseph

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
98			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Azores, Portugal

PARENTS

9 NAME OF FATHER Michael Garcia

10 BIRTHPLACE OF FATHER (City) (State or country) Azores, Portugal

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) (State or country) Azores, Portugal

13 Informant daughter Mrs. Crowley
(Address) 78 Crystal Cove Ave. Winthrop

14 Filed Nov 2, 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 23 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 18, 1926, to October 23, 1926, that I last saw him alive on October 23, 1926, and that death occurred, on the date stated above, at 12A m.

The CAUSE OF DEATH was as follows: (1) Acute Lobar Pneumonia

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy? Yes
If under one year, was infant Breast Fed?
What test confirmed diagnosis? Clinical

(Signed) Henry L. Chaisson, M. D.
(Address) 726 Saratoga
Date October 24 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town) DATE OF BURIAL Oct 26, 1926

19 UNDERTAKER [illegible] ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M. D. Official position Health Officer Date of issue of permit 10/25/26 Permit No. 1151

4-20M.
3-200,000

Oct. 23, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 30 Mermaid Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth Barden
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Mermaid St. Ave. Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | **4 COLOR OR RACE** White | **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE 1 Years 11 Months 4 Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Boston, Mass.
(State or country)

PARENTS

9 NAME OF FATHER Benjamin Barden

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Lena Ballace

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Benjamin Barden
(Address) 30 Mermaid Ave.

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 23 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I ~~attended~~ never deceased from
___, 19___, to ___, 19___,
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH was as follows:
Natural Causes.
Probably Status Lymphaticus
Thymic Origin
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? No Date of
Was there an autopsy? No
If under one year, was infant breast fed?
What test confirmed diagnosis? Clinical manifestation

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health.
Date Oct (Month) 24 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Winthrop (City or town)
DATE OF BURIAL CT 24 1926

19 UNDERTAKER Manuel Standley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress Jr. M.D.
Official position Health Officer Date of issue of permit 10/27/26 Permit No. 1150

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

8-20M.
9-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town) Danvers

1 PLACE OF DEATH

County Essex State Mass. Registered No. (Place of death)

City or town Danvers No. Danvers State Hospital St., Ward Registered No. (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence Nickerson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 27 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mortimer Nickerson

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
42			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (city or town) ____
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Thomas Rafuse

10 BIRTHPLACE OF FATHER (city or town) ____
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Mahitable Brigan

12 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) Nova Scotia

13 Informant Gertrude F. Smith,
(Address) Hathorne

14 Filed 10/30/26 C. Linton Chase.
Registrar of city or town where death occurred
Filed ____, 19 ____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 23, 1926.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1920, to Oct. 23, 1926,
that I last saw her alive on Oct. 23, 1926,
and that death occurred, on the dated stated above, at 3.30A. m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Charles L. Clay, M. D.
Hathorne
(Address)
Date Oct. 28, 1926.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: 10/25/26, 19

19 UNDERTAKER: C. R. Bennison ADDRESS: Winthrop

1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk** . . . **a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, **the sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 5-3 Trident ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Jackson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 6-3 Trident ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 years X months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: of J Mark Jackson

6 AGE: Years 73 | Months 9 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

9 NAME OF FATHER: Louis. Adam
10 BIRTHPLACE OF FATHER (City) (State or country): Germany
11 MAIDEN NAME OF MOTHER: matta
12 BIRTHPLACE OF MOTHER (City) (State or country): to Italy

13 Informant: Henry Jackson (Son)
(Address) Winthrop Mass

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 27 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 17, 1923, to Oct 27, 1926, that I last saw h er alive on Oct 27, 1926, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH was as follows:

Angina pectoris

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 4 yrs. + mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) Raymond B Parker, M. D.
(Address) 1 Winthrop Mass
Date Oct (Month) 28 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Ohabei Shalom (Cemetery) (City or town)
DATE OF BURIAL: 10/29/26

19 UNDERTAKER: Chas. R Brennan
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 10/29/26 Permit NO. 1152

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100 000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid-pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

3-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town)

Registered No. 886
(Place of death)

Registered No.
(Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass.

City or Town [illegible] No. 109 Pearl St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie E. Colby
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State 49 Siron City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank G. Colby

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	11	11	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) Name of employer

9 BIRTHPLACE (city or town) Chicopee, Mass.
(State or country)

PARENTS

10 NAME OF FATHER Gardner G.Robinson

11 BIRTHPLACE OF FATHER (city or town) Deerfield, N.H.
(State or country)

12 MAIDEN NAME OF MOTHER Julia Coburn

13 BIRTHPLACE OF MOTHER (city or town) Hudson, N.H.
(State or country)

Nov. 1, 19 26

14 Informant Mrs. L.G.Dorman
(Address) 49 Siron St., Winthrop, Mass.

15 Filed Nov. 2, 19 26
Registrar of city or town where death occurred

Filed [illegible], 19 26
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29, 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22, 19 26, to Oct. 29, 19 26,
that I last saw her alive on Oct. 28, 19 26,
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Arterio sclerosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leonard H. Pote, M.D.
(Address) 23 Howe St., Somerville

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cremation, Mt. Auburn Cem.

DATE OF BURIAL: Nov. 2, 19 26.

20 UNDERTAKER Cambridge, Mass
F.M.Wilson

ADDRESS Somerville, Mass.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: if primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

SOMERVILLE (City or town)

Registered No. 902A (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass.

City or town Somerville No. Sunnyside Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME -----Pepin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop, No. 182 Hernon St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	-	-	-	

If STILLBORN, enter that fact here: Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) Name of employer:

8 BIRTHPLACE (city or town): Somerville,
(State or country): Mass.

PARENTS

9 NAME OF FATHER: Edward Charles Pepin

10 BIRTHPLACE OF FATHER (city or town):
(State or country): Vermont

11 MAIDEN NAME OF MOTHER: Lillian Louise Pine

12 BIRTHPLACE OF MOTHER (city or town): Medford,
(State or country): Mass.

13 Informant: Mrs. M. Pepin
(Address): 14 Rockwell Ave., Medford, Mass.

14 Filed Nov. 5, 1926 Jason W. Carson
Registrar of city or town where death occurred
Filed Nov. 7 26, 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 29, 1926 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 28, 19 26 to ____, 19 ____,

that I last saw h____ alive on ____, 19 ____,

and that death occurred, on the dated stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. F. Gahans, M. D.

(Address) 19 Winthrop St., Medford,

Date Nov. 4, 1926.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Michael's, W. Roxbury,
(Cemetery) Boston, Mass. (City or town)

DATE OF BURIAL: Nov. 5, '26, 19

19 UNDERTAKER: G. L. Doherty

ADDRESS: Somerville, Mass

24—50,000

Oct. 29 1926

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died:...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Still Born Infant
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 Lincoln St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Super

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 AGE Years — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Robert Woodbury Irons

10 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass

11 MAIDEN NAME OF MOTHER Grace Frisbee Horton

12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

13
Informant Grace Horton
(Address) 175 Winthrop St Winthrop

14
Filed Nov. 4 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 31, 1926.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1926, to ___, 19___,
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

Stillborn.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —
Did an operation precede death? No. Date of —
Was there an autopsy? No.
What test confirmed diagnosis? —

(Signed) A. Willard Day M. D.
(Address) 34 Princeton St
Date Nov. 3, 1926. E. Boston.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop — Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 11/3/26

19 UNDERTAKER Chas N Brennan
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 11/3/26 Permit No. 1153

Oct. 31, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

305

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Chelsea
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 670 Registered No.

City or Town Chelsea (Place of death) No. Memorial Hosp. St., (Place of residence) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Doherty

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Revere St., Ward. Winthrop
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A.Ivers

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	31	--	--	

IF STILLBORN, enter that fact here ----

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) Name of employer Smart ex.Co.

8 BIRTHPLACE (city or town) Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Patrick Doherty

10 BIRTHPLACE OF FATHER (city or town) ----
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Annie McGrath

12 BIRTHPLACE OF MOTHER (city or town) ----
(State or country) Ireland

13 Informant Mrs.Jas.J.Conboy
(Address) 82 St.Mark rd., Dorchester

14 Filed 11/2/ 26, 19 ....
Registrar of city or town where death occurred

Filed Nov.16, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct.31, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Fracture of the skull(clinically evident) with consequent meningitis caused by a motor vehicle accident.

(See reverse side for additional space)

17 Where was injury sustained if not at place of death? ....

(Signed) George Burgess Magrath, M.D.

(Address) ....

Medical Examiner for Suffolk

Date Nov.1, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt.Benedict Boston

DATE OF BURIAL: 11/5/1926 (Month) (Day) (Year)

19 UNDERTAKER: Wm.J.Doherty

ADDRESS: Dorchester

20 Burial permit issued by ....

Official position ....

21 Date of issue ....

James Doherty
Oct. 31. 1926

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 155 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Louise Stone
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 155 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 30 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed ~~or divorced~~ HUSBAND of (or) WIFE of Widow of Newell G. Stone

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	11	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Joseph C. Harrington

10 BIRTHPLACE OF FATHER (City) Eastport
(State or country) Me

11 MAIDEN NAME OF MOTHER Clara Elizabeth Goodwin

12 BIRTHPLACE OF MOTHER (City) Hallowell
(State or country) Me

13 Informant Lena H. Nichols
(Address) 288 Court Rd Winthrop

14 Filed Nov 4/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 1 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1926, to Nov 1, 1926, that I last saw h alive on Oct 31, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) ___ yrs. ___ mos. 14 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstial Nephritis

(duration) 3 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Observation

(Signed) Raymond B Carter, M. D.

(Address) Winthrop Mass

Date Nov 1 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Evergreen* Swampscott
(Cemetery) (City or town)

DATE OF BURIAL 11/3/26

19 UNDERTAKER Chas H. Sweetser

ADDRESS Winthrop Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm D. Childress M.D.

Official position Health Officer Date of issue of permit 11/3/26 Permit NO. 1154

N. B.—WHITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Nov. 1. 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc of ....., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No.
Township Winthrop or Village or
City No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Coleman
(a) Residence. No. Fort Banks, Mass. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn
(State or country) New York

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Chas R Benjamin
(Address) 147 Winthrop St. Winthrop

15 Filed , 19
11—3184 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from
Oct. 10, 1926, to Nov. 5, 1926,
that I last saw him alive on Nov. 6, 1926,
and that death occurred, on the date stated above, at 7.20 a. m.
The CAUSE OF DEATH* was as follows:

Hemorrhage, severe, internal from
gastric ulcer.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Pneumonia, lobar, Rt. Lower, Lobe,
Gastric, multiple. (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Not Known
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Physical Inspection
(Signed) W.C. Williams, Captain, M.C., M. D.
, 19 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
New Bedford Mass	Nov 7 1926
20 UNDERTAKER	ADDRESS
C. R. Benjamin Funeral Director	Winthrop

Nov. 5. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or Town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. Fort Banks, Mass. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George M. Irwin, (6122671) Pvt. Troop A, 3rd Cavalry, Ft. Ethan Allen, Vt.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Fort Banks, Mass. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months 3 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Not known
(Month) (Day) (Year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28			

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Soldier, U.S. Army.
(b) Name of employer

9 BIRTHPLACE (City) Lowell, Mass.
(State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (City) Not known
(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (City) Not known
(State or country)

14
Informant Major A. W. Greenwell, Ft. Banks, Mass
(Address) Data taken from Descriptive List

15 Descriptive list
Filed 11/9/26
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Official position Health Officer Date of issue of permit 11/8/26 Permit No. 115

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 6, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1926, 19..., to November 6, 1926,
that I last saw him alive on November 6, 1926, 19...,
and that death occurred, on the date stated above, at 7.35 p m.
The CAUSE OF DEATH was as follows:

Compression of the brain due to intra-cranial hemorrhage from fractured skull.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Laceration base of frontal and temporal lobes of brain, bilateral.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Army Base, Boston, Mass.
FOR WHAT?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Physical exam. at autopsy

(Signed) A. W. Greenwell, Major, M.C. M.D.
(Address) Fort Banks, Mass.
Date November 8, 1926
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Lowell Cemetery Lowell
(Cemetery) (City or town)

DATE OF BURIAL 11/9/26

20 UNDERTAKER Chas R Brennan

ADDRESS Woburn

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1162

City or Town Boston Winthrop No. , 482 Winthrop Street, Winthrop Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret O'Neil
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 482 Winthrop Street St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years 3 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
1	2	24	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Boston,
(State or country) Mass.

PARENTS

9 NAME OF FATHER Edward O'Neil

10 BIRTHPLACE OF FATHER (City) East Boston,
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Cecelia J. Martin

12 BIRTHPLACE OF MOTHER (City) East Boston,
(State or country) Mass.

13 Informant Edward O'Neil
(Address) 482 Winthrop Street

14 Filed Nov 12 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 6 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Nov
, 19 , to , 19 ,
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Natural Causes.

Marasmus

(duration) yrs. 14 mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No FOR WHAT? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis? Investigation

(Signed) Raymond B Fuller M. D.
(Address) Winthrop Board of Health
Date Nov 8 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross, Malden
(Cemetery) (City or town)

DATE OF BURIAL
Nov
Oct 8, 1926

19 UNDERTAKER E. C. Kelly

ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Childress M.D.

Official position Health Officer Date of issue of permit 11/8/26 Permit No. 1150

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Nov. 6, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

State of Rhode Island.

CHAPTER 121, GENERAL LAWS, 1909.

OF THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES

SEC. 20. The clerk or registrar of each town and city shall on the first day of each and every month make a certified copy of all births, marriages and deaths recorded in the books of said town or city during the previous month, whenever the parents of the child born, or the bride or the groom, or the deceased person, were resident in any other town or city in this State or in any other state at the time of said birth, marriage or death; and shall transmit such certified copies to the clerk or registrar of the town, city or state in which such parents of the child born, the bride or the groom, or the deceased, were resident at the time of said birth, marriage or death, stating in case of a birth, the name of the street and number of the house, if any, where such parents resided, the place of birth of such parents and the maiden name of the mother, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording births, marriages and deaths. Such Certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the state board of health.

COPY OF THE RECORD OF A

DEATH.

recorded in the books of the City (Town or City.) *of* Cranston

during the month of November 19 26

1. Date of Death November 9, 19 26.
2. Name in FULL Katherine Gumley Smith
3. Date of Birth March 28, 1858 Age 68 yrs. 8 mos. 11 dys
4. Place of Death City ~~or Town~~ Cranston
5. St. or Road & No. 31 Circuit Drive, Pawtuxet
6. Usual Residence Winthrop, Massuchusetts
7. Sex Female Color White
9. Single, Married, Widowed or Divorced Widowed
10. Name of Husband or Wife Henry C. Smith
11. Occupation of decedent - - - -
12. Place of Birth Slatersville, Rhode Island
13. Father's Name James Gumley
14. Mother's Name Kathreine Gumley
15. Parents' Birthplace Fa. Ireland Mo. Ireland
16. Where to be buried Winthrop, Mass.
17. Cause of Death Arteriosclerosis Cerebral Thrombosis

Name of Physician George L. Shattuck

Name of Informant Mrs. Fred Tattersall, niece

Name of Undertaker Frank E. Remington

I certify that the foregoing is a true copy

Attest, Lincoln C. Smith Jr.

November 12, 19 26 City Clerk.
(Town or City.)

196
Katherine G. Smith
Nov. 9. 1926

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)
Registered No. 9951 (Place of death)
Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEOPATHIC HOSP. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NAOMI B. KECK
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 64 BEAL St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of SAMUEL S.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	44			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) WASHINGTON, D. C.

PARENTS

9 NAME OF FATHER DANIEL BOSS

10 BIRTHPLACE OF FATHER (city or town)
(State or country) ENGLAND

11 MAIDEN NAME OF MOTHER HELEN BANKS

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) ENGLAND

13 Informant HUSBAND
(Address) 64 BEAL ST. WINTHROP, MASS.

14 Filed NOV. 12, 1926 E. W. McGlenen
Registrar of city or town where death occurred

Filed Nov. 30, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH NOV. 9 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from OCT. 30, 19 26 to NOV. 9, 19 26,
that I last saw h ER alive on NOV. 9, 19 26,
and that death occurred, on the dated stated above, at 1 P m.
The CAUSE OF DEATH was as follows:
PULMONARY EMBOLISM

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. POWELL, M. D.

(Address)

Date NOV. 9, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
GLENWOOD CEM. (WASH. D.C.) (Cemetery) (City or town)

DATE OF BURIAL 11-13, 1926

19 UNDERTAKER C. A. TORNDORF

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. .or. . . from the clerk of the town where the person died; . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. Cogman Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther Graham
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 255 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: ?

6 AGE: Years 82 | Months ? 11 | Days ? 19 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here →

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lodging House
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Waltham Mass.

PARENTS

9 NAME OF FATHER: ? William Spear
10 BIRTHPLACE OF FATHER (City) (State or country): ? Unknown
11 MAIDEN NAME OF MOTHER: ? Emmeline Farnell
12 BIRTHPLACE OF MOTHER (City) (State or country): ? Unknown

13 Informant: Hospital Record.
(Address): Richard Cadair 4 Sheridan St. Responsible

14 Filed 11 12 1926 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: November 10 1926 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1926, to Nov 9, 1926, that I last saw h alive on November 8, 1926, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH was as follows:
Arterio Sclerosis
Uremia
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Senile Dementia
Cancer of breast (duration) ? yrs. ? mos. ? ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of No

Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis? none

(Signed) Horace J. Soule, M. D.
(Address) 180 W. Brookline St
Date November 10 1926 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Wentworth Cem. Wakefield (Cemetery) (City or town)
DATE OF BURIAL: 11/12/26

19 UNDERTAKER: Fenn H. Adams
ADDRESS: Roslindale

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childrie
Official position: Health Officer
Date of issue of permit: 11/10/26
Permit NO. 1158

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Rev. 10. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Cummings Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Winter # 2 Female
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 203 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	S.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	X	X	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Archer H. Winter

10 BIRTHPLACE OF FATHER (City) Beckmont
(State or country) Mass

11 MAIDEN NAME OF MOTHER Hope Thibodeau

12 BIRTHPLACE OF MOTHER (City) Caribou
(State or country) Me

13 Informant Archer H. Winter
(Address) 203 Shirley St Winthrop

14 Filed Nov 17 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 12 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 12, 1926, that I last saw h— alive on Nov 1 —, 19—, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH was as follows:

Premature (Cong)

(duration) — yrs. — mos. — ds.

CONTRIBUTORY —
(SECONDARY)
(duration) — yrs. — mos. — ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

(Address) 316 [illegible]

Date Nov 13 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(Cemetery) (City or town) DATE OF BURIAL 11/13/26

19 UNDERTAKER Chas. R. Penniman ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress M.D. Official position Health Officer Date of issue of permit 11/13/26 Permit NO. 1160

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Nov. 12. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or Town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Winter # 1 female
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 203 Shirley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	S-

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH Nov 12 26
(Month) (Day) (Year)

7 AGE	Years	Months	Days	If LESS than 1 day, ~~years~~ or ~~mth.~~
	X	X	X	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stillborn
(b) Name of employer

9 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

10 NAME OF FATHER Archer H. Winter
11 BIRTHPLACE OF FATHER (City) Beachmont
(State or country) Mass
12 MAIDEN NAME OF MOTHER Hope Thibodeau
13 BIRTHPLACE OF MOTHER (City) Caribou
(State or country) Me

14 Informant Archer H. Winter
(Address) 203 Shirley St

15 Filed Nov. 13 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 12, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Nov 12, 1926
that I last saw h— alive on —, 19—,
and that death occurred, on the date stated above, at 2 a. m.
The CAUSE OF DEATH was as follows:
Stillborn

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Premature Birth
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. F. Mahoney, M.D.
(Address) [illegible]
Date Nov. 13 1926
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL [illegible] DATE OF BURIAL 11/13/26
(Cemetery) (City or town)

20 UNDERTAKER Chas R Benson ADDRESS Winthrop

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D. Official position Health Officer Date of issue of permit 11/13/26 Permit No. 1159

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Nov 12 1926

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)
Registered No. 695 (Place of death)
Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Mass.

City or Town Chelsea No. , Naval Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nathan Leslie Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 45 Beacon St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline B.Smith

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	8	

If STILLBORN, enter that fact here ----

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Captain
(b) Name of employer

8 BIRTHPLACE (city or town) Cape Island
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Isaah Smith

10 BIRTHPLACE OF FATHER (city or town) Cape Island
(State or country) N.S.

11 MAIDEN NAME OF MOTHER Jane Kenney

12 BIRTHPLACE OF MOTHER (city or town) Cape Island
(State or country) N.S. 11/13/, 19 26

13 Informant Mrs.Adeline B.Smith
(Address) 45 Beacon st., Winthrop, Mass.

14 Filed 11/15/, 19 26 [illegible]
Registrar of city or town where death occurred
Filed Dec 11, 1926.
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov.12,1926
(Month) (Day) (Year)

16 **I HEREBY CERTIFY**, That I attended deceased from Oct.20, 19 26 to Nov.12, 19 26
that I last saw him alive on Nov.12, 19 26
and that death occurred, on the date stated above, at 10.45 P.M.
The CAUSE OF DEATH was as follows:

Pyelonephritis

(duration) -- yrs. -- mos. 13 ds.

CONTRIBUTORY (SECONDARY) stricture urethra.Hyper-trophy of prostate
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? Winthrop,Mass.

Did an operation precede death? Yes Date of 11/6/1926

Was there an autopsy? no

What test confirmed diagnosis? ---

(Signed) Martin Lonelson,Lt.(MC) , M.D.
(Address) Naval Hosp.,Chelsea

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt.Pleasant Gloucester DATE OF BURIAL: 11/15/, 19 26

19 UNDERTAKER C.H.Faunce ADDRESS Chelsea

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)
County Suffolk State Mass Registered No.
City or Town Winthrop No. 20 Ocean View St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick T. Murphy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 20 Ocean View St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years 66 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumber
(b) Name of employer

8 BIRTHPLACE (City) St John
(State or country) N B.

PARENTS

9 NAME OF FATHER Michael
10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)
11 MAIDEN NAME OF MOTHER Nora Sullivan
12 BIRTHPLACE OF MOTHER (City) Villard
(State or country)

13 Informant Wife
(Address) 20 Ocean View St

14 Filed Nov 1 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 21 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Nov 21, 1926, that I last saw h[im] alive on Nov. 17, 1926, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH was as follows:

myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) chronic nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 36 [illegible]

Date Nov 21, 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Calvary Revere
(Cemetery) (City or town)

DATE OF BURIAL Nov 24

19 UNDERTAKER [illegible] & Neal

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D. Official position Secretary Date of issue of permit 11/23/26 Permit NO. 11161

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

260,000 6-25 MB 2662 3

Nov. 21, 1926 1 0

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Malden notified

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

15,343.
Winthrop.
(City or town)

346
1618

1 PLACE OF DEATH
County Suffolk, State Mass., Registered No.
City or Town Winthrop (Winthrop Community Hospital.) St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY AUGUSTA LOW

(a) Residence. No. 40 Cedar Street, St., Ward. Malden, Mass.
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)
(If non-resident, give city or town and state)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William A.

6 AGE: Years 60. Months — Days — If less than 1 day, ... hrs. or .... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nurse.
(b) Name of employer

8 BIRTHPLACE (City): So. Boston
(State or country): Mass

PARENTS

9 NAME OF FATHER: Cannot Obtain
10 BIRTHPLACE OF FATHER (City): " " "
(State or country): " " "
11 MAIDEN NAME OF MOTHER: " " "
12 BIRTHPLACE OF MOTHER (City): " " "
(State or country): " " "

13 Informant: Mrs. H. W. Knight.
(Address) 186 Littlemahant St Mahant Mass.

14 Filed Dec 1 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: November 24, 1926.
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Internal injuries including fracture of the pelvis, with associated shock, caused by a motor vehicle accident.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? Revere, Mass.

(Signed) Geo. Burgess Magrath, M.D.
(Address)
Medical Examiner for Suffolk County,
Date November 26, 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Rowley Mass.
(Cemetery) (City or town)
DATE OF BURIAL: Nov. 28 1926
(Month) (Day) (Year)

19 UNDERTAKER: J. M. Blaisdell & Son
ADDRESS: Lynn.

20 Burial permit issued by: mass
Official position
21 Date of issue
Permit No. 7045

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . ***General Laws, Chap. 38, Sec. 6.***

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—***General Laws, Chap. 38, Sec. 7.***

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mary Augusta Curr.
Nov. 24, 1926.

1 R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suff. Co. State Mass. (City or town) Registered No.
City or Town Winthrop No. 205 Somerset Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Mc Carthy.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 205 Somerset Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Hy. J. Mc Carthy

10 BIRTHPLACE OF FATHER (City) Worcester
(State or country) Mass

11 MAIDEN NAME OF MOTHER Helen Foley.

12 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass

13
Informant Henry Mc Carthy.
(Address) 205 Somerset Ave

14
Filed Dec. 4 '26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 29 1926
(Month) (Day) (Year)

16
I HEREBY CERTIFY, That I attended deceased from
_____, 19___, to _____, 19___,
that I last saw h___ alive on _____, 19___,
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH was as follows:

Prematurity - Stillborn.
(5 mos.) Died - 0 hrs.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) _____ M. D.
(Address) _____
Date (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: St Michaels (Cemetery) Boston (City or town) — DATE OF BURIAL: Dec. 1, 1926

19 UNDERTAKER: John F. O'Malley. — ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 12/1/26 Permit No. 1162

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,","Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 MO 2669 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Female Baby Wollsson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 4320 Carpenter Ave Ward Bronx New York
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

5a If married, widowed or divorced
HUSBAND of (or) WIFE of —

6 AGE: Years — Months — Days — If LESS than 1 day, — hrs. or — min.
Stillborn

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

9 NAME OF FATHER James Wollsson

10 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

11 MAIDEN NAME OF MOTHER Gertrude Adness

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant
(Address)

14 Filed Dec 9/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 3 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 12-3, 1926, to —, 19—,
that I last saw h— alive on —, 19—,
and that death occurred, on the date stated above, at — m.
The CAUSE OF DEATH was as follows:
Stillborn

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)
(duration) — yrs. — mos. — ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? — Date of
Was there an autopsy?
If under one year, was Infant Breast Fed?
What test confirmed diagnosis?

(Signed) Harry Appelbaum, M. D.
(Address) 170 W. Clausen
Date 12 4 26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Ancient Yolanch Montvale (Cemetery) Ferdham (Location) DATE OF BURIAL 12/5/26

19 UNDERTAKER Charles Bovgusch ADDRESS 73 Village St Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. S. Childress M. D.
Official position Health Officer Date of issue of permit 5/11/26 Permit No. 1163

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop 305 1926
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston-- Winthrop, No. 106 Crover Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary S. Root
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 106 Crover Ave. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	61			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (City) Ware Mass
(State or country)

PARENTS

9 NAME OF FATHER William A. Root

10 BIRTHPLACE OF FATHER (City) Hebron Conn
(State or country)

11 MAIDEN NAME OF MOTHER Cornelia Hills

12 BIRTHPLACE OF MOTHER (City) Hebron Conn
(State or country)

13 Informant Charlotte R. Urquhart
(Address) New York N.Y.

14 Filed Dec 9 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 3 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Nov 24, 1926 to Dec 3, 1926,
that I last saw her alive on Dec 3, 1926,
and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH was as follows:
Ch Myocarditis
Arteriosclerosis
Ch Interstitial Nephritis
Abt least 1 (duration) 10 yrs. mos. ds.
CONTRIBUTORY Ch Nephritis
(SECONDARY)
Influenza (duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) I say G. T. Evans, M. D.
(Address) 218 Main
Date Dec 3 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills Crematory
(Cemetery) (City or town)
DATE OF BURIAL Dec 5

19 UNDERTAKER P. H. Sherman Sons
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress M. D.
Official position Health Officer
Date of issue of permit 12/4/26
Permit NO. 1164

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 152 River Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Sobel. Sobel
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 152 River Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	X	X	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

9 NAME OF FATHER Barney Sobel.

10 BIRTHPLACE OF FATHER (City) New York City.
(State or country)

11 MAIDEN NAME OF MOTHER Helen Marks.

12 BIRTHPLACE OF MOTHER (City) Russia.
(State or country)

13 Informant Barney Sobel.
(Address) 152 River Road Winthrop

14 Filed Dec. 9/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec (Month) 6 (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from ——, 19__, to ——, 19__,
that I last saw h__ alive on ——, 19__,
and that death occurred, on the date stated above, at ——m.
The CAUSE OF DEATH was as follows:

Stillborn (7 months)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date Dec (Month) 6 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Everett Jewish Cem. (Cemetery) (City or town) DATE OF BURIAL Dec 7, 1926.

19 UNDERTAKER Manuel Stanetsky ADDRESS Boston.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress M. D.
Official position Health Officer Date of issue of permit 12/7/26 Permit NO. 116

200,000 9-25 NO 2662 3.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Registered No. Winthrop. (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop. No. Winthrop Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Willard Filmore Field.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 Washington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 years X months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Louise E. Field.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	4	X	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Investor.
(b) Name of employer

8 BIRTHPLACE (City) Palmyra.
(State or country) Maine.

PARENTS

9 NAME OF FATHER Cyrus H. Field.

10 BIRTHPLACE OF FATHER (City) Palmyra.
(State or country) Maine.

11 MAIDEN NAME OF MOTHER French.

12 BIRTHPLACE OF MOTHER (City) Palmyra.
(State or country) Maine.

13 Informant Louise E. Field. wife.
(Address) 56 Washington Avenue.

14 Filed Dec. 9/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 7 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1926, to Dec. 7, 1926, that I last saw h in alive on Dec 7, 1926, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of colon

about
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Oct 28-1926
Was there an autopsy? No
What test confirmed diagnosis? Sub. & Clinical. (Over)

(Signed) A. W. Langton, M. D.
(Address) Winthrop Mass
Date Dec 8 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop. (Cemetery) Winthrop (City or town)
DATE OF BURIAL Dec. 9, 1926

19 UNDERTAKER Charles R. Bennison.
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 1926 Permit NO. 116

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 11 Prospect Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William W. Colson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 11 Prospect Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Geneva

6 AGE: Years 59 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Publisher
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

9 NAME OF FATHER: [illegible]
10 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass
11 MAIDEN NAME OF MOTHER: Sarah E. Harrington
12 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

13 Informant: Geneva Colson
(Address): 11 Prospect Ave

14 Filed: 12 27 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: 12 (Month) 8 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Dec 8, 1926, that I last saw h in alive on Dec 7, 1926, and that death occurred, on the date stated above, at 6 17 m.

The CAUSE OF DEATH was as follows:

Edema of Lungs

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Harry A. Colby, M. D.
(Address) 206 Pleasant St
Date 12 (Month) 8 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) — DATE OF BURIAL: Dec 10/26

19 UNDERTAKER: John P. O'Malley — ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Tuldrey M.D. Official position: Health Officer Date of issue of permit 12/9/26 Permit No. 116

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Woburn (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Cummings Ave St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Stafford
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 155 Woodside Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years — Months — Days — If LESS than 1 day, 4 hrs. 30 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Woburn
(State or country) Mass

PARENTS

9 NAME OF FATHER Lawrence C. Stafford

10 BIRTHPLACE OF FATHER (City) Woburn
(State or country) Mass

11 MAIDEN NAME OF MOTHER Hazel Jane Keith

12 BIRTHPLACE OF MOTHER (City) Canada
(State or country) Canada

13
Informant Lawrence C. Stafford
(Address) 155 Woodside Ave Winthrop

14
Filed Dec 27 26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 26 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—,
that I last saw h— alive on —, 19—,
and that death occurred, on the date stated above, at —m.

The CAUSE OF DEATH was as follows:
Premature

(duration) 0 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Placenta Previa.

(duration) — yrs. — mos. — ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry W. Kelly, M. D.
(Address) 20 Church St

Date 12 (Month) 26 (Day) 26 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woburn Woburn
(Cemetery) (City or town)
DATE OF BURIAL Dec 28

19 UNDERTAKER C. F. Runnells
ADDRESS Woburn

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Guidrey M.D.
Official position Health Officer Date of issue of permit 12/28/26 Permit NO. 1171

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH County Suffolk State Mass (City or town) Registered No.

City or Town No. 107 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jane Sampson Donley
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 107 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 years — months — days. How long in U. S., if of foreign birth? — years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Eva F. (Hammond)

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	48	5 —	5 —	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer
(b) Name of employer

8 BIRTHPLACE (City) Plymouth
(State or country) Mass.

PARENTS

9 NAME OF FATHER James Donley

10 BIRTHPLACE OF FATHER (City) Kingston Mass
(State or country)

11 MAIDEN NAME OF MOTHER Mary

12 BIRTHPLACE OF MOTHER (City) Falmouth
(State or country) Mass.

13 Informant Wife—Eva F. Donley
(Address) Winthrop St Winthrop Mass

14 Filed Dec. 27/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 13, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1926, to Dec 13, 1926, that I last saw h[illegible] alive on Dec 13, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH was as follows:

Pneumonia, bronchial -
Related.

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

(Address) Weymouth Mass

Date Dec (Month) 14 (Day) 1926 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Plymouth (Cemetery) Mass (City or town) DATE OF BURIAL Dec 17 '26

19 UNDERTAKER [illegible] White ADDRESS Winthrop Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] M.D.

Official position Health Officer Date of issue of permit 12/16/26 Permit No. 1168

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

946/93

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH — Registered No. 11025 (Place of death)

County Suffolk State Massachusetts — Registered No. (Place of residence)

City or town Boston No. MASS. HOMEOPATHIC HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LOUISE S. AGUAYO

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 44 TEMPLE AVE. St.

(Usual place of abode)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of FRANK

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	43	5	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

8 BIRTHPLACE (city or town) ____
(State or country) PORTO RICO

PARENTS

9 NAME OF FATHER WENCESLAC SEGARRA

10 BIRTHPLACE OF FATHER (city or town) ____
(State or country) PORTO RICO

11 MAIDEN NAME OF MOTHER CANNOT BE LEARNED

12 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) CANNOT BE LEARNED

13 Informant INEZ C. VELEZ
(Address) 15 BARROWS ST. ALLSTON

14 Filed DEC. 16, 1926 E. W. M. Glenen
Registrar of city or town where death occurred

Filed Dec. 17, 1926 ____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 13 (Month) (Day) 1926 (Year)

16 I HEREBY CERTIFY, That I attended deceased from DEC. 10, 1926 to DEC. 13, 1926, that I last saw her ALIVE on DEC. 13, 1926, and that death occurred, on the dated stated above, at 4 P m.

The CAUSE OF DEATH was as follows:

FIBROID TUMOR OF THE UTERUS WITH OPERATION THEREFORE.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? YES Date of 12-11-26

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) H. F. POLLOCK, M. D.

(Address) ____

Date DEC. 14, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP CEM. (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL 12-16, 1926

19 UNDERTAKER C. H. BENNISON

ADDRESS

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. .or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation. the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 11098 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. GENERAL HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME KATHERINE MULREY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. WINTHROP ARMS St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	55			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED
(b) Name of employer

8 BIRTHPLACE (city or town) ROXBURY
(State or country) MASS.

PARENTS

9 NAME OF FATHER TIMOTHY D. MULREY

10 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER ELEANOR DUNN

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant MARY E. MULREY
(Address) WINTHROP, MASS.

14 Filed DEC. 20 1926 Edwin Glenen
Registrar of city or town where death occurred
Filed Dec 23/26 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 16 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from NOV. 19, 1926, to DEC. 16, 1926,
that I last saw her alive on DEC. 16, 1926,
and that death occurred, on the dated stated above, at 5 P m.
The CAUSE OF DEATH was as follows:

CARDIAC DECOMPENSATION

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) LAPAROTOMY FOR OVARIAN CYST

(duration) yrs. mos. 5 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of DEC. 11-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) JOHN T. WILLIAMS, M. D.

(Address)

Date DEC. 16, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
CALVARY (BOSTON)
(Cemetery) (City or town)

DATE OF BURIAL 12-18, 1926

19 UNDERTAKER J. J. ROSS (CAMBRIDGE)

ADDRESS

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

*** State cause for which surgical operation was undertaken.**

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. .or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass Registered No. 7

City or Town Winthrop No. 24 Lincoln Terrace St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John W. Egan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 24 Lincoln Terrace Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Annie

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland.

PARENTS

9 NAME OF FATHER John

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Margaret Eddy

12 BIRTHPLACE OF MOTHER (City) (State or country) Canada

13 Informant Mrs T. J. Donovan
(Address) 24 Lincoln Terrace

14 Filed Dec 27/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 19 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from (Dec) 1926, to (Dec 19), 1926
that I last saw h[im] alive on (Dec 18), 1926
and that death occurred, on the date stated above, at 5.30 p.m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. J. Mahoney, M. D.
(Address) 366 Winthrop St
Date Dec 20 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Dec 21, 1926

19 UNDERTAKER John F O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress, Official position Health Officer Date of issue of permit 12/20/26 Permit NO. 169

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No. 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 57 Somerset ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Matthews
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 57 Somerset ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	widower

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Eliza A.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	86	7	6	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) Name of employer

8 BIRTHPLACE (City) Penn Edwards
(State or country) Penn

PARENTS

9 NAME OF FATHER unable to obtain

10 BIRTHPLACE OF FATHER (City) " "
(State or country) " "

11 MAIDEN NAME OF MOTHER " "

12 BIRTHPLACE OF MOTHER (City) " "
(State or country) " "

13 Informant Mrs Frederick R Countaway
(Address) 51 Somerset ave Winthrop

14 Filed Dec 23 1926
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 21 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1924, to Dec 21, 1926, that I last saw h sim alive on Dec 21, 1926, and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH was as follows:

Uremia

(duration) ___ yrs. ___ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 3 yrs. 3 mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J Soule, M. D.
(Address) Winthrop Mass
Date Dec 23 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL 12/28/26

19 UNDERTAKER C R Emmons

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.

Official position Health Officer

Date of issue of permit 12/23/26 Permit No. 1170

N.B.—WHILE PENALTY, WITH IMPRISONMENT, ATTACHES TO FALSE RETURNS, CERTIFICATES should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

Lic. 21. 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town Winthrop - Mass No. 2 Beach Wood St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Still Born Vitale
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Beach Wood St., Ward. Winthrop - Mass
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 AGE: Years — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here: Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Winthrop. Mass

PARENTS

9 NAME OF FATHER Giuseppe Vitale

10 BIRTHPLACE OF FATHER (City) (State or country) Italy

11 MAIDEN NAME OF MOTHER Maria Turco

12 BIRTHPLACE OF MOTHER (City) (State or country)

13 Informant Giuseppe Vitale (Father)
(Address) 2 Beach Wood Winthrop

14 Filed Dec 27/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 24 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h ____ alive on ____, 19__, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH was as follows:

Asphyxia Neonatorum

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Breech Presentation

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? — Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) [illegible] M. D.
(Address) 419 Boylston St Boston
Date Dec. 25 1926
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
St Michael Cemetery. Bos
(Cemetery) (City or town)

DATE OF BURIAL
Dec. 26 1926

19 UNDERTAKER
Angelo Gannini

ADDRESS
Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. F. Childress M.D.

Official position Health Officer Date of issue of permit 12/25/26 Permit No. 1172

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Dec. 24, 1926

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop. No. 13, Nahant Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Leitch.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 13 Nahant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 37 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White.	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Douglass

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	x	x	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) Name of employer

8 BIRTHPLACE (City) Kirkaday
(State or country) Scotland.

PARENTS

9 NAME OF FATHER John Leitch.

10 BIRTHPLACE OF FATHER (City)
(State or country) Scotland.

11 MAIDEN NAME OF MOTHER Jennie Hume.

12 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland.

13 Informant Mrs. Elizabeth Halford. daughter
(Address) 13 Nahant Ave.

14 Filed Dec 27/26
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 25 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1926, to Dec 25, 1926, that I last saw h in alive on Dec 25, 1926, and that death occurred, on the date stated above, at 10:35 A m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis

(duration) ? yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) Raymond B Parker, M. D.

(Address) 148 Washington St

Date Dec 27 1926.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop. Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Dec. 27, 1926

19 UNDERTAKER Charles R. Bennett

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress M.D.

Official position Health Officer Date of issue of permit 12/27/26 Permit NO. 1173

200,000 9-25 NO. 2662 3.

N. B.—WHITE PRINTED, WITH UNFADING BLACK INK. THIS IS AN OFFICIAL RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

Registered No. 11429 (Place of death)

County Suffolk State Massachusetts

Registered No. (Place of residence)

City or town Boston No. MASS. GEN. HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ESTELLA M. RILEY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 26 BEACON St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	WIDOW

5a If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES E.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	38			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) FISKDALE
(State or country) MASS.

PARENTS

9 NAME OF FATHER ARTHUR T. ADAMS

10 BIRTHPLACE OF FATHER (city or town) BROOKFIELD
(State or country) MASS.

11 MAIDEN NAME OF MOTHER THERESA MILLEN

12 BIRTHPLACE OF MOTHER (city or town) JOLIET
(State or country) ILL.

13 Informant MOTHER
(Address) 26 BEACON ST. WINTHROP

14 Filed ____, 1926 E.W.M. Glenen
Registrar of city or town where death occurred

Filed Dec. 31, 1926
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 25 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from DEC. 22, 1926, to DEC. 25, 1926,
that I last saw her alive on DEC. 25, 1926,
and that death occurred, on the dated stated above, at 2 P m.
The CAUSE OF DEATH was as follows:

BRONCHO PNEUMONIA

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) NEPHRITIS

(duration) yrs. mos. ? ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? YES

What test confirmed diagnosis? AUTOPSY

(Signed) C. E. WELLS, M. D.

(Address)

Date DEC. 26, 1926

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL 12-28, 1926

19 UNDERTAKER CHARLES R. BENSON

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or. . from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

m R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH
County Middlesex State Mass. Registered No. 518 Registered No.
(Place of death) (Place of residence)
City or Town Lowell No. St. John's Hosp. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank H. Bisbee
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward. Winthrop Mass
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred Recent years months days | How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 69 Years Months 24 Days | If LESS than 1 day, hrs. or min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Crossing Tender
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. & R. B. & Lynn R. R.

9 BIRTHPLACE (City) Lowell
(State or country) Mass.

PARENTS

10 NAME OF FATHER Ira
11 BIRTHPLACE OF FATHER (City) Harrison,
(State or country) Me.
12 MAIDEN NAME OF MOTHER Silpha Mitchell
13 BIRTHPLACE OF MOTHER (City) Corinth,
(State or country) Vt.

14 Informant Ida E. Bisbee
(Address) Lowell

15 Filed Dec 27 1926
Registrar of city or town where death occurred
Filed (Month) (Day) (Year)
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 26, 1926
(Month) (Day) (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Cardiovascular disease
(Sudden Death)

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?

(Signed) Marshall L. Alling, M.D.
(Address) Lowell
Medical Examiner for Middlesex
Date Dec. 27, 1926.
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Edson, Lowell | DATE OF BURIAL Dec. 29, 1926 (Month) (Day) (Year)

20 UNDERTAKER Geo. W. Healey | ADDRESS Lowell

21 Burial permit issued by
Official position

22 Date of issue

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with **the cause and manner of his death,** and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during **the previous month,** if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person).....

Dec. 26, 1926.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 10 Orlando Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Sumner Perry.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 10 Orlando Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 13 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Perry.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	82	11	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Burton.
(State or country) England.

PARENTS

9 NAME OF FATHER Robert Sumner.

10 BIRTHPLACE OF FATHER (City) —
(State or country) England

11 MAIDEN NAME OF MOTHER Sarah Ford.

12 BIRTHPLACE OF MOTHER (City)
(State or country) England.

13 Informant Alice M. Perry. daughter.
(Address) 10 Orlando Ave.

14 Filed 6 7/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 26 (Day) 26 (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 1, 1926, to Dec 12, 1926, that I last saw h er alive on Dec 12, 1926, and that death occurred, on the date stated above, at 7.4 m.

The CAUSE OF DEATH was as follows:

Edema of Lungs

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Estelle, M. D.
(Address) 2nd Lieutenant
Date 12 (Month) 26 (Day) 26 (Year)

18 PLACE OF ~~BURIAL~~, CREMATION ~~OR REMOVAL~~ Forest Hills (Cemetery) Boston. (City or town) DATE OF BURIAL Dec. 28, 1926

19 UNDERTAKER Charles R. Bennison. ADDRESS Winthrop.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D. Official position Health Officer Date of issue of permit 12/28/26 Permit NO. 1174

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS AN IMPORTANT RECORD. Every statement should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No.
Township Winthrop or Village Fort Banks or
City / No. , St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Kaufman

(a) Residence. No. Fort Strong, Mass St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Hanie Kaufman
220 E. First St., San Antonio, Tex.

6 DATE OF BIRTH (month, day, and year) October 22, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	39	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Chicago, Ill.

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Boston Record.

14 Informant Fort Banks
(Address)

15 Filed Jan 7, 1927 REGISTRAR
11—2184 Wm. O. Gilday Lt. R. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31 26 19

17 I HEREBY CERTIFY, That I attended deceased from December 27 26, 19, to December 31 26, 19,
that I last saw h alive on December 31 26, 19, at 11.25 a.m.,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar, acute, upper and middle lobes, right lung. Pneumococcus Type II.

4
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac dilatation, acute.
(duration) yrs. mos. 10 min ds.

18 Where was disease contracted Unknown
if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Wassmer, Captain, M.C.

(Signed) Fort Banks, Mass., M. D.
, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
San Antonio Texas	19 27
20 UNDERTAKER Chas. R. Simpson Undertaker	ADDRESS Private 1/4/27 1-7

Dec. 31, 1926.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. (City or town)
City or Town Winthrop No. 63 Loring Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Zelia R. Black
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 63 Loring Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Austin Black

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79	5	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Searsport, Me.
(State or country)

PARENTS

9 NAME OF FATHER Wheelwright Stevens

10 BIRTHPLACE OF FATHER (City) Raymond Me
(State or country)

11 MAIDEN NAME OF MOTHER Jane Varney

12 BIRTHPLACE OF MOTHER (City) Wyndham Me
(State or country)

13 Informant Mrs Georgia Drury
(Address) 63 Loring Rd Winthrop, Mass

14 Filed ___ REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January (Month) 1 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1926, to Dec. 28, 1926, that I last saw her alive on Dec. 28, 1926, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH was as follows:

Interstitial myocarditis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY —
(SECONDARY)

(duration) — yrs. — mos. — ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? History, Physical Exam.

(Signed) Lalia A. Lunderkin, M. D.

(Address) 32 Woodside Ave, Winthrop

Date January (Month) 1 (Day) 1927 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Cedar Grove Dorchester
(Cemetery) (City or town)

DATE OF BURIAL 1/7/27

19 UNDERTAKER Albert F. Baker

ADDRESS Melrose, Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. F. Sweeney M.D.

Official position Health Officer Date of issue of permit 1/3/27 Permit NO. 1175

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

0,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No 210 Main St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adelaide M. Floyd
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 210 Main St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	82	8	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Chelsea
(State or country) Mass

PARENTS

9 NAME OF FATHER Edward Floyd

10 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass

11 MAIDEN NAME OF MOTHER Lucretia Jewksbury

12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Mass

13
Informant Miss Lucy A. Floyd
(Address) 210 Main St Winthrop

14
Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 2 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1926, to Jan 2, 1927, that I last saw h alive on Jan 2, 1927, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 24 hrs

CONTRIBUTORY (SECONDARY) Cirrhosis Kidneys - Senility

(duration) 30 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Richard Mead, M. D.
(Address) 114 Pleasant St
Date Jan 3 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Jan 4-27

19 UNDERTAKER Frank E. Brown

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Official position Asst. Secretary Date of issue of permit 1/4/27 Permit NO. 1176

N. B.—WHILE PLAINLY, WITH UNFADING BLACK INK, THIS IS AN ENVIRONMENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3

Jan. 2. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 160, Somerset Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George A. Jenkins
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 160 Somerset Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ellen G

6 AGE: Years 57; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Broker
(b) Name of employer

8 BIRTHPLACE (City) (State or country): South Boston Mass

PARENTS
9 NAME OF FATHER: William H.
10 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass
11 MAIDEN NAME OF MOTHER: Catherine Gray
12 BIRTHPLACE OF MOTHER (City) (State or country): England.

13 Informant: Mrs George A Jenkins
(Address): 160 Somerset Ave

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Jan (Month) 3 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from August 1, 1926, to Jan 3, 1927, that I last saw h[illegible] alive on Jan. 2, 1926, and that death occurred, on the date stated above, at 5:45 Am.

The CAUSE OF DEATH was as follows:

Lymphatic Leukemia

(duration) ___ yrs. 5 mos. ___ ds.

CONTRIBUTORY (SECONDARY): None.
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam of Blood

(Signed) Edward [illegible], M. D.

(Address) [illegible]

Date Jan 4 1927 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holyhood (Cemetery) Brookline (City or town) DATE OF BURIAL: Jan 5, 1927

19 UNDERTAKER: John F. O'Malley ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Cuindren M.D. Official position Clerks Office Date of issue of permit 1/4/27 Permit NO. 1178

Jan. 3 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 73 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. PETER BENT BRIG. HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM G. MITTEN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 16 SUNNYSIDE AVE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of LOUISE

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	35			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work SALESMAN
(b) Name of employer ----------

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER GEORGE A.

10 BIRTHPLACE OF FATHER (city or town) FITCHBURG
(State or country) MASS.

11 MAIDEN NAME OF MOTHER NELLIE F. WEEKS

12 BIRTHPLACE OF MOTHER (city or town) LOWELL
(State or country) MASS.

13 Informant WIFE
(Address) 16 SUNNYSIDE AVE. WINTHROP

14 Filed JAN. 6, 19 27 E W M Glennen
Registrar of city or town where death occurred

Filed (1-2), 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JAN. 4 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from DEC. 31, 19 26, to JAN. 4, 19 27,
that I last saw h IM alive on JAN. 4, 19 27,
and that death occurred, on the dated stated above, at 12 A m.
The CAUSE OF DEATH was as follows:

CHR. NEPHRITIS

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) UREMIA

(duration) yrs. mos. 14 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) LELSIE H. WRIGHT, M. D.

(Address)

Date JAN. 4, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP CEM. (WINTHROP)
(Cemetery) (City or town)

DATE OF BURIAL 1-6, 19 27

19 UNDERTAKER JOHN F. O'MALEY

ADDRESS

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . until he has received a permit from the board of health or its agent . .or. . . from the clerk of the town where the person died; . . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk** . . a **satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . .The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH — (City or town) Danvers — Registered No.

County Essex State Mass. — (Place of death)

City or town Danvers No. Danvers State Hospital St., Ward — Registered No. — (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur C. Humphries

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 1 years 1 months 25 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith W. Humphries

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
46			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Supt. Worcester Home Farm
(b) Name of employer

8 BIRTHPLACE (city or town) Bath,
(State or country) Me.

PARENTS

9 NAME OF FATHER Anthony Humphries,

10 BIRTHPLACE OF FATHER (city or town) Bath,
(State or country) Me.

11 MAIDEN NAME OF MOTHER Emily Rogers,

12 BIRTHPLACE OF MOTHER (city or town) Bath,
(State or country) Me.

13 Informant Gertrude F. Smith,
(Address) Hathorne.

14 Filed 1/17/27 Registrar of city or town where death occurred
Filed Jan 29, 1927 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 6, 1927.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1925, to Jan. 6, 1927, that I last saw him alive on Jan. 6, 1927, and that death occurred, on the dated stated above, at 4.10 P. m.

The CAUSE OF DEATH was as follows:
General Paralysis (76)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. serological

(Signed) W. Franklin Wood, M. D.

(Address) Hathorne

Date Jan. 13, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Feake (Cemetery) Waltham (City or town)

DATE OF BURIAL: 1/9/27, 19

19 UNDERTAKER: George M. Clarke

ADDRESS: Waltham

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1162

City or Town Boston Roxbury No. 30 Underhill Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie E. Burke
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Underhill Street St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 years months days. How long in U. S., if of foreign birth? 40 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John Burke

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) St. John,
(State or country) N.B.

PARENTS

9 NAME OF FATHER John Burke

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Catherine Weir

12 BIRTHPLACE OF MOTHER (City)
(State or country) England

13 Informant Mrs. Nichols Daughter
(Address) 30 Underhill Street

14 Filed Jan 12 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 9 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 9, 1927, that I last saw h alive on Jan 9, 1927, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY Arterio-sclerosis
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Charles Gurney, M. D.

(Address) 256 Marlboro St

Date Jan 11 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Benedict, Brookline
(Cemetery) (City or town)

DATE OF BURIAL 1/12/27

19 UNDERTAKER [illegible] East Boston

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M. D.

Official position Health Officer Date of issue of permit 1/12/27 Permit No. 1179

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Jan. 9. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Mahoney, Hinton Street, Hinton

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Mass Registered No. 1

City or Town Winthrop No. 52 Summit Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George A. Harwood.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 52 Summit Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Theresa A.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Steamfitter
(b) Name of employer

8 BIRTHPLACE (City) Concord N.H.
(State or country)

PARENTS

9 NAME OF FATHER Andrew

10 BIRTHPLACE OF FATHER (City) Canada.
(State or country)

11 MAIDEN NAME OF MOTHER Laura Edmunds

12 BIRTHPLACE OF MOTHER (City) New Hampshire.
(State or country)

13 Informant Theresa A Harwood
(Address) 52 Summit Ave

14 Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 13 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
___, 19___, to ___, 19___,
that I ~~last~~ saw him alive on ___, 19___,
and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH was as follows:

Natural Causes.

Probably Lobar Pneumonia.

(duration) ___ yrs. ___ mos. 14 ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) Raymond B Parker M. D.

(Address) Winthrop Board of Health

Date Jan 13 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Blossom Hill Concord N.H.
(Cemetery) (City or town)

DATE OF BURIAL 1/16/27

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm L Cuddyer Official position Health Officer Date of issue of permit 1/14/27 Permit No. 1180

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

Jan. 15, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Waltham
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Waltham No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Lorlis Emily Carver
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 247 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years | Months | Days: 3 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Waltham
(State or country) Mass

PARENTS

9 NAME OF FATHER Melvin Carver

10 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass

11 MAIDEN NAME OF MOTHER Lillian Hayman

12 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

13 Informant Frank Melvin Carver
(Address) 247 Winchester St.

14 Filed Jan 21/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 1 (Month) 16 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 1-15, 1927, to 1-16, 1927, that I last saw h[illegible] alive on 1-16, 1927, and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH was as follows:

Hemorrhaging Neonatorum

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Harry Appelby, M. D.
(Address) 247 Winchester St.
Date 1 (Month) 16 (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Waltham (Cemetery) Waltham (City or town) — DATE OF BURIAL: 1/18/27

19 UNDERTAKER: Chas. F. Perry — ADDRESS: Waltham

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Childress M.D. Official position Health Officer Date of issue of permit 1/18/27 Permit NO. 1181

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

Jan. 16 1921.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town) Danvers 321

1 PLACE OF DEATH Registered No.

County Essex State Mass. Registered No. (Place of death)

City or town Danvers No. Danvers State Hospital St., Ward (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie E. Munro

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred years 1 months 16 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Munro

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	50			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Joseph Pulsifer,

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Hortense Dicky

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Nova Scotia

13 Informant Gertrude F. Smith,
(Address) Hathorne

14 Filed 1/21/27, 19 [illegible] Registrar of city or town where death occurred
Filed 2/4/27, 19 Bessie A. Hodge Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 17, 1927.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 26, to Jan. 17, 19 27
that I last saw her alive on Jan. 17, 19 27,
and that death occurred, on the dated stated above, at 2.15P. m.
The CAUSE OF DEATH was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Charles L. Clay, M. D.

(Address) Hathorne

Date Jan. 19, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop 1/19/27. DATE OF BURIAL
(Cemetery) (City or town) , 19

19 UNDERTAKER W. T. White ADDRESS Winthrop

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town) Registered No.
City or Town Winthrop No. 15 Sturgis St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred B. Martel
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 Sturgis St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	20			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) Name of employer

8 BIRTHPLACE (City) Waterbury
(State or country) Conn.

PARENTS

9 NAME OF FATHER Alberto F.

10 BIRTHPLACE OF FATHER (City) France.
(State or country)

11 MAIDEN NAME OF MOTHER Annie Regan

12 BIRTHPLACE OF MOTHER (City) Ireland.
(State or country)

13 Informant Alfred B. Martel
(Address) 15 Sturgis St

14 Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 20 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from January 5, 1927, to January 20, 1927, that I last saw him alive on January 20, 1927 and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH was as follows:

Tuberculous pneumonia.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Acute miliary tuberculosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) Jay F. Higgins M. D.

(Address) 38 Sturgis St Winthrop

Date January 20 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden.
(Cemetery) (City or town)

DATE OF BURIAL 1/22/27

19 UNDERTAKER John F. O'Maley.

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.

Official position Health Officer Date of issue of permit 1/21/27 Permit NO. 1182

200,000 9-25 NO 2662 3

SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 6
City or Town Winthrop No. 18 Atlantic St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augustus Peterson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 18 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tailor
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Sweden

PARENTS

9 NAME OF FATHER Nels

10 BIRTHPLACE OF FATHER (City) (State or country) Sweden

11 MAIDEN NAME OF MOTHER Nellie Pierson

12 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

13 Informant Miss Emma L Peterson
(Address) 18 Atlantic St.

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan (Month) 20 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1927 to Jan 20, 1927, that I last saw h[illegible] alive on Jan 19, 1927, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH was as follows:
Angina Pectoris

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? [illegible] Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F J Mahoney, M. D.
(Address) 366 Winthrop St
Date Jan 20 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Jan 25, 1927

19 UNDERTAKER John T O'Malley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William W. Childress Official position Agt. Date of issue of permit Jan. 22nd Permit No. 1153

200,000 9-25 NO 2662 3

N.B.—WHILE PENALTY, WITH SUBSEQUENT PROSECUTION, MAY BE INVOKED, CERTIFICATES should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

15,486

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 213 Lincoln St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lucy M. Simmons

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 213 Lincoln St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 28 years X months X days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Simmons

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	76	—	—	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer —

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles Simmons

10 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Susan E. Searey

12 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Me

13 Informant Chas A Simmons
(Address) Winthrop Mass

14 Filed ..... (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 23 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Cardio-
vascular disease -
(Died Suddenly)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? —

(Signed) Lucy M. Simmons Smyth M.D.

(Address) [illegible]

Medical Examiner for Smyth

Date (Month) Jan 24 (Day) 1927 (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Woodlawn Grave (Cemetery) (City or town)

DATE OF BURIAL
1-26-27
(Month) (Day) (Year)

19 UNDERTAKER C R Brennan

ADDRESS Winthrop

20 Burial permit issued by Wm. D. Chisholm Official position H. [illegible] 21 Date of issue 1/26/27 Permit No. 1184

H. 2

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 23, 1927.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State (City or town) Registered No.
City or Town Winthrop No. 72 Lowell Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Swanson
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 72 Lowell Road St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Doris Henrietta Swanson

6 AGE Years	Months	Days	IF LESS than 1 day,.....hrs. or.....min.
73	9	22	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Tanner
(b) Name of employer —

8 BIRTHPLACE (City) Swansea
(State or country)

PARENTS

9 NAME OF FATHER Not Remembered

10 BIRTHPLACE OF FATHER (City)
(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant Mrs Martin S. Swanson
(Address) 72 Lowell Road

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 1 (Month) 25 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
1-2, 1926, to 1-25, 1927,
that I last saw h was alive on 1-26, 1927,
and that death occurred, on the date stated above, at 9.30 P m.
The CAUSE OF DEATH was as follows: (State fully)
Edema of Lungs

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death — For what
Date of operation
Was there an autopsy —
What test confirmed diagnosis
(Signed) Harry Cutler M. D.
(Address) 200 Pleasant St
Date 1-27-27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Cem. Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Jany 27/27

19 UNDERTAKER Walter T. White
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Frank L. Pinder F.D. Official position Registrar Date of issue of permit 1/27/27 Permit No. 1105

2,000,000. 9-26. NO. 6373

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, celluiitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, sepiicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ..*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 961 (Place of death)

Registered No. ____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. HAYMARKET RELIEF STATION St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WINFIELD S. NICKERSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 146 PAULINE St.

(Usual place of abode)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of REBECCA

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	79	1	11	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work PAINTER

(b) Name of employer ---------

8 BIRTHPLACE (city or town) BOSTON

(State or country) MASS.

PARENTS

9 NAME OF FATHER SETH

10 BIRTHPLACE OF FATHER (city or town) ------

(State or country) N. B.

11 MAIDEN NAME OF MOTHER MARY E. WOLFE

12 BIRTHPLACE OF MOTHER (city or town) ------

(State or country) N. B.

13 Informant ARTHUR W. NICKERSON

(Address) 146 PAULINE ST. WINTHROP

14 Filed FEB. 2, 1927 E W McGlenen

Registrar of city or town where death occurred

Filed ____, 1927

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JAN. 31 (Month) (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from JAN. 26, 1927, to JAN. 31, 1927, that I last saw h IM alive on JAN. 31, 1927, and that death occurred, on the dated stated above, at 1 30 Am.

The CAUSE OF DEATH was as follows:

CEREBRAL HEMORRHAGE

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) MYOCARDITIS

(duration) ? yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) BERNARD F. DEVINE, M. D.

(Address) ____

Date JAN. 31, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (CEDAR GROVE) BOSTON (Cemetery) (City or town)

DATE OF BURIAL 2-1, 1927

19 UNDERTAKER LEWIS JONES & SONS

ADDRESS ____

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

15,500

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 17 Cutler St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Moritz

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 17 Cutler St., Ward.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 4 years months days How long in U. S., if of foreign birth? 15 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ... min.
	54			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tailor
(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

PARENTS

9 NAME OF FATHER Raphael

10 BIRTHPLACE OF FATHER (City)
(State or country) Russia

11 MAIDEN NAME OF MOTHER Annie Cannot be learned

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Russia

13 Informant Bertha Moritz
(Address) 17 Cutler St Winthrop

14 Filed Jan 31 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 31 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: presumably cardio-vascular disease.

(died suddenly, in bed)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Leon Gorgus Mugnitt, M.D.

(Address)

Medical Examiner for Suffolk

Date Jan 31 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Everett Immediate
(Cemetery) (City or town)

DATE OF BURIAL Jan 3/28
(Month) (Day) (Year)

19 UNDERTAKER Manuel Stanesby

ADDRESS Boston

20 Burial permit issued by [illegible] Official position Health Officer

21 Date of issue 1/31/27 Permit No. 1187

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; **and (2) under manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan 31 1927.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop Hyman No. 160 Groves Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Milton, Ginsburg
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 164 Groves St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, ~~MARRIED, WIDOWED~~, OR DIVORCED (write the word): Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: 21 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Leather Goods
(b) Name of employer: Salesman

8 BIRTHPLACE (City) Boston, Mass.
(State or country)

PARENTS

9 NAME OF FATHER: Louis Ginsburg
10 BIRTHPLACE OF FATHER (City) Russia
(State or country)
11 MAIDEN NAME OF MOTHER: Rueda Dinsfriend
12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13
Informant Louis Ginsburg
(Address) 164 Groves Ave.

14
Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan. 28th 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 2 -, 1926, to ~~July~~ Jan 28th 1927, that I last saw ~~him~~ alive on Jan 28th 1927, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:
Phthisis - tubercular laryngitis.

(duration) ___ yrs. 8 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Pneumonia. miliary tbc.
(duration) ___ yrs. ___ mos. 3 ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? no FOR WHAT? Date of
Was there an autopsy? no
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Mitchell Sisson. M. D.
(Address) 163 Meridian St
Date ___ (Month) ___ (Day) ___ (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Cem. Pine. (Cemetery) (City or town) DATE OF BURIAL: Jan 30th 1927

19 UNDERTAKER: Manuel Stanchsky ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. William D. Childress Official position Agt. Date of issue of permit 1/30/27 Permit No. 1186

200,000 9-25 NO 2662 3.

INSTRUCTIONS: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See should be carefully supplied. AGE should be stated EXACTLY. instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 6-25 NO 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Wenthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Wenthrop No. 35 Marshall St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Bertram Reid
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 35 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 49 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	18	1	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Swampscott
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles B. Reid

10 BIRTHPLACE OF FATHER (City) Newfoundland
(State or country)

11 MAIDEN NAME OF MOTHER Carrie Tilley

12 BIRTHPLACE OF MOTHER (City) Newfoundland
(State or country)

13 Informant Chas B. Reid
(Address) 35 Marshall St Winthrop

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 5, 1922, to Jan 29, 1927, that I last saw h in alive on Jan 29, 1927, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease
Chronic parenchymatous nephritis
(duration) 5 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Personal Observation

(Signed) R B Parker, M. D.
(Address) 148 Winthrop St Winthrop
Date Jan 31, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Swampscott (Cemetery) Swampscott (City or town)
DATE OF BURIAL 2/1/27

19 UNDERTAKER Chas R Lennon
ADDRESS. Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cain
Official position Town Clerk
Date of issue of permit 1/31/27
Permit NO. 11

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 783 Shirley St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Baldwin Torrey
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 783 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Howard C. Torrey

6 AGE: Years 65 | Months 11 | Days 10 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer: —

8 BIRTHPLACE (City) Bridgewater
(State or country) Mass

PARENTS

9 NAME OF FATHER: Edward Southworth

10 BIRTHPLACE OF FATHER (City) Scituate
(State or country) Mass

11 MAIDEN NAME OF MOTHER: Eliza Talbot

12 BIRTHPLACE OF MOTHER (City) Scituate
(State or country) Mass

13 Informant: Howard C. Torrey
(Address) 783 Shirley St Winthrop

14 Filed Jan 11/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 30 1927.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from December 15, 1926, to January 30, 1927,
that I last saw her alive on January 30, 1927,
and that death occurred, on the date stated above, at 4:15 P.m.
The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemmorhage
Chronic Interstitial Nephritis
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory

(Signed) Frank Symmes, M. D.
(Address) 262 Shirley St Winthrop Mass
Date January 30 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hill Cem. Co. Woburn
(Cemetery) (City or town)
DATE OF BURIAL: Feb 1st

19 UNDERTAKER: Chas R Brown
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Jan 31 1927
Official position [illegible] Date of issue of permit 1/31/27 Permit No. 1153

Jan 30. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303

15,511

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston Mortuary

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. Winthrop Community Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Croken

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 99 F, So. Boston St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years monihs days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ... min.
	30			

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lineman
(b) Name of employer Suburban Gas & Electric Co

8 BIRTHPLACE (City)
(State or country) Prince Edward Island

PARENTS

9 NAME OF FATHER John Croken

10 BIRTHPLACE OF FATHER (City)
(State or country) Prince Edward Island

11 MAIDEN NAME OF MOTHER Elizabeth Tierney

12 BIRTHPLACE OF MOTHER (City)
(State or country) Prince Edward Island

13 Informant Elizabeth Croken
(Address) 99 F St

14 Filed Feb 11 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 3, 1927
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Fracture of the Skull with associated intracranial injury caused by an accidental fall from a height.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) George Burgess Magrath, M.D.

(Address) Medical Examiner for Suffolk

Date Feb. 4 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holy Cross Cemetery (City or town) DATE OF BURIAL Feb 7
(Month) (Day) (Year)

19 UNDERTAKER W H Spencer ADDRESS Boston

20 Burial permit issued by ... Official position ...

21 Date of issue ... Permit No. 9675

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **supposably due to violence.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Eugene Brophy
Feb. 3. 1927,

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)
Registered No. 1162

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston Winthrop No. 38 Hawthorne Street Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Alice Jacobs
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 38 Hawthorne Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 7 years months days. How long in U. S., if of foreign birth? 50 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Jacobs

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	1	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) St. John,
(State or country) N.B.

PARENTS

9 NAME OF FATHER Thomas Wallace,

10 BIRTHPLACE OF FATHER (City) St. John,
(State or country) N.B.

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City)
(State or country) Unknown

13 Informant Mr. Thomas Jacobs
(Address) 38 Hawthorne Avenue, Winthrop

14 Filed Feb 11/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 5 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1927, to 2-5, 1927, that I last saw h[er] alive on 2-5, 1927, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:
Cerebral Haemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 2 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Harry G. Kelly, M. D.
(Address) Dental Rooms
Date 2 (Month) 8 (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town) DATE OF BURIAL Feb 8, 1927

19 UNDERTAKER [illegible] ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M. D. Official position Health Officer Date of issue of permit 2/8/27 Permit No. 1191

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-20M.
-200,000

Jul. 5. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Kelly, Washington Avenue, Hinthrop

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 301 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Emogene Belcher
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 301 Winthrop St Winthrop St., Ward, — Nine —
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank N. Belcher

6 AGE Years	Months	Days	IF LESS than 1 day,.....hrs. or.....min.
61	7	23	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Stockton
(State or country) Maine

PARENTS

9 NAME OF FATHER Charles F. Cunningham
10 BIRTHPLACE OF FATHER (City) Prospect
(State or country) Maine
11 MAIDEN NAME OF MOTHER Eliza F. Shute
12 BIRTHPLACE OF MOTHER (City) Stockton
(State or country) Maine

13 Informant Husband Frank N. Belcher
(Address) Winthrop Mass

14 Filed — — —
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 5 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 23 1926 to February 5 1927,
that I last saw h[illegible] alive on Feb 3 1927
and that death occurred, on the date stated above, at 12 P. m.
The CAUSE OF DEATH was as follows: (State fully)

[illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) [illegible] M. D.

(Address) [illegible]

Date Feb [illegible] 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Cemetery Winthrop
(Cemetery) (City or town)

DATE OF BURIAL
Feb 8th 27

19 UNDERTAKER Walter S. White Winthrop
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Sidney Official position Health Officer Date of issue of permit 2/7/27 Permit No. 1170

Feb. 6, 1924

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 4 Edgehill Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Virginia F. Rausch
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 4 Edgehill Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	1	25	

If STILLBORN, enter that fact here ✓

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolgirl
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER Augustus Rausch

10 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Katherine Schanck

12 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

13 Informant Mrs. August Rausch
(Address) 4 Edgehill Rd Winthrop

14 Filed Feb 25/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. J. Childress
Official position Health Officer Date of issue of permit 2/13/27 Permit No. 1194

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. (Month) 10 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr. 1922, to Feb 10 1927
that I last saw h.. alive on Feb 10 1927
and that death occurred, on the date stated above, at 9:30 P. m.
The CAUSE OF DEATH was as follows:
Endocarditis.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic arthritis.

(duration) 4 yrs. mos. ds.

17 Where was disease contracted if not at place of death? East Boston
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Clin.
(Signed) R Wheaton, M.D.
(Address) Winthrop, Mass
Date Feb (Month) 11 (Day) 1927 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Woodlawn (Cemetery) Winthrop (City or town) Feb 13 27

19 UNDERTAKER — ADDRESS
Frank E. Brown East Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy Dickenson Gilliland
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 61 Sargent St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Married

5a If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Walter F. Gilliland

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	29	10	18	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Roxbury
(State or country) Mass

PARENTS

9 NAME OF FATHER Dwight Marshall Dickenson

10 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass

11 MAIDEN NAME OF MOTHER Blanch E Myers

12 BIRTHPLACE OF MOTHER (City) Chelsea
(State or country) Mass

13 Informant Blanch E Dickenson
(Address) 61 Sargent St Winthrop

14 Filed Feb 25 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 2 (Month) 10 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 1-28, 1927, to 2-10, 1927,
that I last saw h 9 alive on 2-10, 1927
and that death occurred, on the date stated above, at 1 P.M.
The CAUSE OF DEATH was as follows: (State fully)
Acute Nephritis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pregnancy / Caesarian
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death yes For what Caesarian /
Date of operation 1-28-27
Was there an autopsy —
What test confirmed diagnosis —
(Signed) Harvey W Kelly, M. D.
(Address) 208 Pleasant
Date 2-12-27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 2/13/27

19 UNDERTAKER Chas. R. Penniman
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Thos. J. Baldyga M.D.
Official position Health Officer Date of issue of permit 2/12/27 Permit No. 1173

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No.

1 PLACE OF DEATH
County Suffolk State Mass.
City or Town Winthrop No. 5 Hillside Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Proctor Crosman.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Hillside Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 18 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a If married, widowed or divorced HUSBAND of Maude W. Crosman

6 AGE	Years	Months	Days	IF LESS than 1 day,.....hrs. or.....min.
	71	8	2	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) Name of employer

8 BIRTHPLACE (City) Cambridge,
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER Lloyd Crosman.
10 BIRTHPLACE OF FATHER (City)
(State or country) Maine.
11 MAIDEN NAME OF MOTHER Nancy Osborne
12 BIRTHPLACE OF MOTHER (City) Salem.
(State or country) Maine.

13 Informant Maude W. Crosman.
(Address) 5 Hillside Ave.

14 Filed 2/25/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Official position [illegible] Date of issue of permit 2/25/27 Permit No. 11[illegible]

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Febuary 11 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Febuary 11, 1927, that I last saw h[illegible] alive on Febuary 10, 1927, and that death occurred, on the date stated above, at 8.00 A m.
The CAUSE OF DEATH was as follows: (State fully)

Myocarditis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Edward J. Granger, M. D.
(Address) 7 Irwin St Winthrop
Date Febuary 12, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cambridge (Cemetery) Cambridge (City or town) DATE OF BURIAL: Feb. 13, 1927

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

15,531

(City or town)

1 PLACE OF DEATH

County Suffolk — State ..... Registered No. .....

City or Town Winthrop No. 37, Bellevue Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin C. Johnson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 37 Bellevue St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 30 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Carrie C. Johnson

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	70			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ticket agent
(b) Name of employer B. R. B. & L. R. R.

8 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS

9 NAME OF FATHER Andrew Johnson

10 BIRTHPLACE OF FATHER (City) .....
(State or country) Sweden.

11 MAIDEN NAME OF MOTHER .....

12 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

13 Informant Carrie C. Johnson, wife
(Address) 37 Bellevue Ave

14 Filed Feb 23 '27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 13 1927
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Cardio-vascular disease, presumably Coronary Sclerosis (and Senility)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? .....

(Signed) Leon Bryan Draper M.D.
(Address) .....
Medical Examiner for Suffolk
Date Feb 13 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop (Cemetery) Winthrop (City or town) — DATE OF BURIAL Feb. 15. 1927 (Month) (Day) (Year)

19 UNDERTAKER Charles R. Bennison. — ADDRESS Winthrop.

20 Burial permit issued by [illegible] Official position [illegible] 21 Date of issue 2/14/27 Permit No. 1176

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . **He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.**—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Edwin B. Johnson
Feb. 13, 1927

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop [redacted]
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town Boston No. 3 Wilshire St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Grady
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 3 Wilshire St. 2 Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of: —

6 AGE: Years 80 | Months X | Days X | If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) Name of employer:

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER: Joseph Grady

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER: Catherine Sullivan

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant: Mrs Mary L. Gray
(Address) 3 Wilshire St Winthrop

14 Filed Feb 25 27
(Month) (Day) (Year)
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 14 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1927, to ____, 19____, that I last saw h[illegible] alive on Feb. 11th, 1927, and that death occurred, on the date stated above, at 10 p m.

The CAUSE OF DEATH was as follows:

Cancer of Intestines

Unknown (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

Carcinosis (duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? No

If under one year, was infant Breast fed?

What test confirmed diagnosis?

(Signed) Robert H Daley M. D.

(Address) 186 Orchard St

Date Feb. 15th 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL: Feb 17th 1927

19 UNDERTAKER: P. J. McArdle ADDRESS: Chs.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Childress M.D. Official position Health Officer Date of issue of permit 2/14/27 Permit NO. 1197

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 266 3

Feb. 14 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662. 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 29 Neptune Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rachael F. Langham
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 29 Neptune Ave St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed or divorced, HUSBAND of (or) WIFE of

6 AGE 70 Years | Months | Days | If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

PARENTS

9 NAME OF FATHER Sidney Kennedy

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Veronica [illegible]

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Mary E. Langham
(Address) 29 Neptune Ave

14 Filed Feb. 15 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 14 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from November 30, 1926, to February 13th, 1927, that I last saw her alive on February 13th, 1927, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH was as follows:

Cause of the Liver Disfeature

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Daniel A. Bloom M. D.
(Address) 33 Princeton Street Boston
Date February 14 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodlawn (Cemetery) FEB (City or town)
DATE OF BURIAL 14 1927

19 UNDERTAKER Warren Chandler
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Frank L. Tandy M.D.
Official position Health Officer
Date of issue of permit 2/17/27
Permit NO. 1170

Feb. 14. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. .until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 1
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Silvia
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No: 36 Tewksbury St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years — | Months — | Days — | If LESS than 1 day, ___ hrs. or 25 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Francis

10 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

11 MAIDEN NAME OF MOTHER Estelle Turpishe

12 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

13 Informant [illegible]
(Address) 36 Tewksbury St

14 Filed Feb 25 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 18 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h___ alive on ____, 19__, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:
Six months old baby Direct
25 minutes
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Granger M. D.
(Address) 79 Winthrop
Date Feb. 20 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St Michaels Boston | DATE OF BURIAL 2/23/27
(Cemetery) (City or Town)

19 UNDERTAKER John F. O'Brien | ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress
Official position Health Officer Date of issue of permit 2/23/27 Permit NO. 1179

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

Feb. 18. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM NO. 12

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID)—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

W. Zur-Linden, Cor. Sec. U.S.N.

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. _____ (TO BE INSERTED BY REGISTRAR) REGISTERED NO. _____ (FOR USE OF LOCAL REGISTRAR)

1 PLACE OF DEATH

COUNTY OF Guantanamo, Cuba

MAGISTERIAL DISTRICT OF on board USS Mercy

OR

INC. TOWN OF _____

OR

CITY OF _____ (NO. _____ ST. _____ WARD)

(If death occured in a hospital or other institution, give its NAME instead of street and number)

2 FULL NAME Charles Raymond Anderson

(A) RESIDENCE. NO. 146 Lincoln ST., _____ WARD Winthrop (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occured _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Alice Anderson

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)

November 28, 1895 19

7 AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, ____ HRS OR ____ MIN.
31	2	23	

8 OCCUPATION OF DECEASED

(A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Pay Clerk

(B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) USNavy.

(C) NAME OF EMPLOYER _____

9 BIRTHPLACE

(CITY OR TOWN) New York.

(STATE OR COUNTRY) _____

PARENTS

10 NAME OF FATHER Charles R. Anderson ~~Unknown~~

11 BIRTHPLACE OF FATHER

(CITY OR TOWN) ~~Unknown~~ New York

(STATE OR COUNTRY) _____

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER

(CITY OR TOWN) Unknown

(STATE OR COUNTRY) _____

14 INFORMANT J.P. Landrum

(ADDRESS) Nav. Hosp. Norfolk, Va.

15 FILED _____, 19 27 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH)

February 20, 1927 19

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

_____, 19____, TO _____, 19____

THAT I LAST SAW H____ ALIVE ON _____, 19____

AND THAT DEATH OCCURED, ON DATE STATED ABOVE, AT _____ M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilatation, stomach, acute

_____ (DURATION) ____ YRS. ____ MOS. ____ DS.

CONTRIBUTORY _____ (SECONDARY)

_____ (DURATION) ____ YRS. ____ MOS. ____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____

(SIGNED) T.O. Summers Lt. Cdr. (MC) USN D.

feb. 26, 1927 (ADDRESS) Nav. Hosp. Norfolk, Va.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop, Mass. DATE OF BURIAL Mar. 4/27

20 UNDERTAKER E.F. Padgett

ADDRESS Portsmouth, Va.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State ~~Massachusetts~~ Registered No.
City or Town ~~Boston~~ Cuba No. U. S. Mercy, Guantanamo St., Cuba Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Raymond Anderson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 146 Lincoln St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mae Alice Boudreau

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	30			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Warrant Officer
(b) Name of employer U. S. Navy

8 BIRTHPLACE (City) New York,
(State or country) N. Y.

PARENTS

9 NAME OF FATHER Charles R. Anderson

10 BIRTHPLACE OF FATHER (City) New York,
(State or country) N. Y.

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant Mrs. Chas. R. Anderson
(Address) 146 Lincoln St, Winthrop

14 Filed Mch. 4, 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 20, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h__ alive on ____, 19__, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Operation (Stone in kidney)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) ____, M. D.
(Address)
Date
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop cem., Va.
(Cemetery) (City or town)

DATE OF BURIAL Mch 4-27

19 UNDERTAKER Everett, F. O'Connell

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress

Official position Health Officer Date of issue of permit 3/3/27 Permit NO. 1201

200,000 9-25 NO 2662 3.

IN B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2 00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Cummings Farm Road Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mercy Ann Dunham
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 89 Fremont St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ezra R. Dunham

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	90	11	X	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer —

8 BIRTHPLACE (City) Poland Spring
(State or country) Maine

PARENTS

9 NAME OF FATHER Rufus Bartlett Jr.
10 BIRTHPLACE OF FATHER (City) Plymouth
(State or country) Mass
11 MAIDEN NAME OF MOTHER Arabella Brett Paine
12 BIRTHPLACE OF MOTHER (City) Bridgewater
(State or country) Mass

13 Informant Archie Dunham
(Address) 95 Pleasant St Winthrop

14 Filed Feb 25/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 21 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Feb 21, 1927, that I last saw her alive on Feb 20, 1927, and that death occurred, on the date stated above, at 6:45 A m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular Heart Disease
Chronic Parenchymatous Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Personal Observation
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date Feb 21, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 2/23/27

19 UNDERTAKER Chas. R. Emmons
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Tuttle Official position Health Officer Date of issue of permit 2/23/27 Permit No. 1198

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *..Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Edgar McIntire
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 54 Shirley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 40 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary MacDonald

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	2	16	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) Name of employer

8 BIRTHPLACE (City) Lynn County
(State or country) U. S.

PARENTS

9 NAME OF FATHER William McIntire

10 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

11 MAIDEN NAME OF MOTHER Levenia Eaton

12 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

13 Informant Marion McIntire
(Address) 54 Shirley St. Winthrop, Mass.

14 Filed Feb 28 '27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 22 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 2/22, 1927, to 2/22, 1927, that I last saw h[illegible] alive on 2/22, 1927, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH was as follows:

Pneumonia - Lobar - rt lower lobe

(duration) ___ yrs. ___ mos. 9 ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) 2 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray.

(Signed) J. P. W. Taylton, M. D.

(Address) [illegible]

Date Feb. 28 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) (City or town)

DATE OF BURIAL 2/26/27

19 UNDERTAKER Long & Largeson
ADDRESS Winthrop
Charles S. D. Largeson Mass.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Childress M.D.

Official position Health Officer Date of issue of permit 2/26/27 Permit NO. 1202

Feb. 22. 1927.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop, Mass
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop, Mass No. 166 Woodside Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelo Onessimo
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 166 Woodside Ave, Ward. Winthrop, Mass
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years months days. How long in U. S., if of foreign birth? 35 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Giuseppina Bianchi

6 AGE: Years 47 | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Emigration Inspector
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Italy

PARENTS

9 NAME OF FATHER: Salvatore Onessimo

10 BIRTHPLACE OF FATHER (City) (State or country): Italy

11 MAIDEN NAME OF MOTHER: Costantina Ambrosio

12 BIRTHPLACE OF MOTHER (City) (State or country): Italy

13 Informant: Giuseppina Onessimo / Wife
(Address) 166 Woodside Ave Winthrop

14 Filed Nov. 8/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Feb. (Month) 22nd (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1927, to Feb. 19, 1927, that I last saw h[im] alive on Feb. 19, 1927, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis -
Chronic nephritis - myocarditis -
Heart failure -

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Otto Pitaro M. D.
(Address) 342 Hanover St. Boston
Date Feb. 23rd 27 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Malden (Cemetery) (City or town)
DATE OF BURIAL: Feb. 25/1927

19 UNDERTAKER: Angelo Fannina
ADDRESS 215 North St Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Health Agt. Date of issue of permit 2/24/27 Permit No. 1200

Feb. 22. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 365 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabel Janette Burrill
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 365 Winthrop St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles E.

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	33	4	8	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) Name of employer

8 BIRTHPLACE (City) Cambridge,
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER Edwin A. Carney.
10 BIRTHPLACE OF FATHER (City) Richmond.
(State or country) Maine
11 MAIDEN NAME OF MOTHER Nellie L. Wyman.
12 BIRTHPLACE OF MOTHER (City) East Boston.
(State or country) Massachusetts.

13 Informant Charles E. Burrill Husband
(Address) 365 Winthrop St

14 Filed Mar. 7/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress M. D. Official position Health Officer Date of issue of permit 2/25/27 Permit No. 1201

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb (Month) 22 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1927, to Feb 22, 1927, that I last saw her alive on Feb 22, 1927, and that death occurred, on the date stated above, at 8.10 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Puerperal Albuminuria and Convulsions.
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Puerperal Albuminuria.
(Signed) R. B. Parker, M. D.
(Address) Winthrop Mass
Date Feb 23 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL		DATE OF BURIAL
Winthrop (Cemetery)	Winthrop, Mass (City or town)	Feb. 25, 1927

19 UNDERTAKER	ADDRESS
Charles R. Bennicon	Winthrop

Feb 22-1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. 31 Prospect Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Ball.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 31 Prospect Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years 73 | Months 10 | Days 28 | IF LESS than 1 day, ...hrs. or .....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired.
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Canada.

PARENTS

9 NAME OF FATHER Thomas Ball.
10 BIRTHPLACE OF FATHER (City)
(State or country) Canada.
11 MAIDEN NAME OF MOTHER Mary Brayton
12 BIRTHPLACE OF MOTHER (City)
(State or country) Canada.

13 Informant Sarah Ball sister
(Address) 31 Prospect Ave

14 Filed Mar. 1 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 25 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to ~~Feb~~ Feb 25, 1927,
that I last saw him alive on Feb 24, 1927
and that death occurred, on the date stated above, at 1:25 A m.
The CAUSE OF DEATH was as follows: (State fully)
Chronic interstitial nephritis.

(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) hypertension
(duration) yrs. mos. 10 ds.

17 Where was disease contracted if not at place of death ~
Did an operation precede death no For what
Date of operation ~
Was there an autopsy no
What test confirmed diagnosis Lab.
(Signed) Wm. D. Caughey, M.D.
(Address) Winthrop Mass.
Date Feb. 26-1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: Feb. 27, 1927

19 UNDERTAKER: Charles P. Benneson ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Caughey Official position Health Officer Date of issue of permit 2/26/27 Permit No. 1203

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 1900 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. MASS. HOMEOPATHIC HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDITH MORTIMER
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 35 SUMMIT AVE. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of DAVID P.

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
36	11	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) FISKDALE
(State or country) MASS.

PARENTS

9 NAME OF FATHER ARTHUR P. ADAMS

10 BIRTHPLACE OF FATHER (city or town) BROOKFIELD
(State or country) MASS.

11 MAIDEN NAME OF MOTHER THERESA MILLER

12 BIRTHPLACE OF MOTHER (city or town) JULIET
(State or country) ILLINOIS

13 Informant DAVID P. MORTIMER
(Address) 35 SOMERSET AVE. WINTHROP

14 Filed MAR. 1, 1927 E W McGlenen
Registrar of city or town where death occurred

Filed Mar 5, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH FEB. 26 (Month) (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from FEB. 4, 1927 to FEB. 26, 1927, that I last saw her alive on FEB. 26, 1927, and that death occurred, on the dated stated above, at 5 P m.
The CAUSE OF DEATH was as follows:

INTESTINAL OBSTRUCTION AND OPERATION THEREFORE

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PREGNANCY

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 2-26-27

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. POWELL, M. D.

(Address)

Date FEB. 27, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WINTHROP) WINTHROP (Cemetery) (City or town)

DATE OF BURIAL 3-1, 1927

19 UNDERTAKER C. R. BENNISON

ADDRESS

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 9 Johnson Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Carter Haskell.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 9 Johnson Ave St. Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 23 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White	Married.

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Alice G. Haskell.

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	51	2	29	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper
(b) Name of employer Boston Excelsior Co.

8 BIRTHPLACE (City) Essex.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER Fitzwilliam Haskell.
10 BIRTHPLACE OF FATHER (City) Essex
(State or country) Massachusetts.
11 MAIDEN NAME OF MOTHER Louisa Abbott.
12 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia.

13 Informant Alice G. Haskell.
(Address) 9 Johnson Ave

14 Filed Mar. 2 '27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 2 (Month) 27 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Feb 2, 1927, that I last saw h[illegible] alive on Feb 2, 1927 and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Cervical Glands

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —

Did an operation precede death yes For what Cervical Glands
Date of operation Jan 1925
Was there an autopsy no
What test confirmed diagnosis —

(Signed) Harry A. Kelly M. D.
(Address) 199 Pleasant St
Date 2/27/27 Winthrop Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Spring St. (Cemetery) Essex (City or town)

DATE OF BURIAL March 1, 1927

19 UNDERTAKER Charles R. Bennison

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Caldwell Official position Health Officer Date of issue of permit 2/28/27 Permit No. 12.04

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2.00,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *..Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 59 Park Avenue St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Baker Shaw
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 59 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Windowed

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Eliza T. Glover Shaw

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	84	8	12	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer Retired 6 yrs
(b) Name of employer Dunster Hall Harvard College

8 BIRTHPLACE (City) Richmond
(State or country) Maine

PARENTS

9 NAME OF FATHER David Shaw

10 BIRTHPLACE OF FATHER (City) Richmond
(State or country) Maine

11 MAIDEN NAME OF MOTHER Lucy Tarbox Webber

12 BIRTHPLACE OF MOTHER (City) Richmond
(State or country) Maine

13
Informant Mrs Harry Farquhar
(Address) 59 Park Ave Winthrop Mass

14
Filed Mar. 2 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar. 1 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926, to Feb 27, 1927, that I last saw h in alive on Feb. 26, 1927, and that death occurred, on the date stated above, at 8 15 A. m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) (duration) 5 yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Franzen, M. D.
(Address) 7 Irwin St
Date Mar. 1 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Sea View - Rockland - Me. (Cemetery) (City or town)
DATE OF BURIAL Mar 2 1927

19 UNDERTAKER Longfellow Margeson
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Baldwin M.D.
Official position Health Officer Date of issue of permit 3/1/27 Permit NO. 1205

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK- THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9'25 NO.2662-3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite); [illegible] *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town) Registered No.

City or Town Winthrop No. 152 Lincoln St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William McKenna
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 152 Lincoln St. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Alice

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer Metal Spinner

8 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

9 NAME OF FATHER James

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Mary Kennedy

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant William E McKenna
(Address) I 152 Lincoln St.

14 Filed Mar 3 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 2 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 19 27, to March 2, 19 27, that I last saw h alive on March 1, 19 27, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Cerebral sclerosis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 536 Washington St

Date March 2 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL Mar. 4/27

19 UNDERTAKER John F. O'Maley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 3/3/27 Permit NO. 1200

Mar. 2, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk. State Massachusetts Registered No.
City or Town Winthrop No. 7 Siren St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Winifred Maude Reed.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Siren St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of: X

6 AGE — Years: 15 | Months: X | Days: 11 | IF LESS than 1 day, ...hrs. or ....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student.
(b) Name of employer

8 BIRTHPLACE (City): Dorchester.
(State or country): Massachusetts.

PARENTS

9 NAME OF FATHER: Charles A. Reed.
10 BIRTHPLACE OF FATHER (City): West Fairmount
(State or country): Maine.
11 MAIDEN NAME OF MOTHER: Georgia Thurston
12 BIRTHPLACE OF MOTHER (City): West Fairmount
(State or country): Maine.

13 Informant: Charles A. Reed.
(Address): 7 Siren St.

14 Filed: Mar. 8 '27 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: March (Month) 2 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from August, 1925, to March 2, 1927
that I last saw h alive on March 2, 1927
and that death occurred, on the date stated above, at 1.30 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular Heart Disease
(duration) 7 yrs. — mos. — ds.
CONTRIBUTORY (Secondary): Broncho-pneumonia
(duration) — yrs. — mos. 10 ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death No For what —
Date of operation —
Was there an autopsy no
What test confirmed diagnosis Physical exam.: symptoms, history
(Signed) Sallie F. Saunders, M. D.
(Address) 32 Woodside Park, Winthrop, Mass.
Date March 3, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: March 4, 1927

19 UNDERTAKER: Charles R. Bennison
ADDRESS: Winth

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. F. Childress M.D. Official position Health Officer Date of issue of permit 3/4/27 Permit No 1208

N. B.—WHEN PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2.00.000. 9-26. NO. 6373

March 2. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 115 Cottage Park Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes L. Curtis
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 115 Cottage Park Rd. Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Theodore N. Curtis

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	11	2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER George Turnbull

10 BIRTHPLACE OF FATHER (City)
(State or country) England

11 MAIDEN NAME OF MOTHER Mary Pettigrew

12 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

13 Informant Charles Bulfinch
(Address) Winthrop

14 Filed Mar. 6 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 3 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1927, to March 2, 1927, that I last saw h[e] alive on March 2, 1927, and that death occurred, on the date stated above, at 2. a. m.

The CAUSE OF DEATH was as follows:
Myocarditis
(duration) (7) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis and Senility
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Robert L. Downey, M. D.
(Address) Princeton
Date March 3 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Monumental Peabody (Cemetery) Peabody (City or town) DATE OF BURIAL Mar. 5, '27

19 UNDERTAKER C. A. Rollins ADDRESS E Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Sindrey Official position Public Officer Date of issue of permit 3/7/27 Permit NO. 1209

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

0,000

March 3, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

200,000 9-25 No 2662 3.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. AGE should be stated EXACTLY. should be carefully supplied.

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 264 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mollie Barrell
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 264 Shirley St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 12 years months days. How long in U. S., if of foreign birth? 30 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | **4 COLOR OR RACE** White | **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Barnet

6 AGE 65 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Austria
(State or country)

PARENTS

9 NAME OF FATHER Abraham Mysinger

10 BIRTHPLACE OF FATHER (City) Austria
(State or country)

11 MAIDEN NAME OF MOTHER Fannie Lamont (changed)

12 BIRTHPLACE OF MOTHER (City) Austria
(State or country)

13 Informant Barnet Barrell
(Address) 264 Shirley St.

14 Filed Mar. 8/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 6 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 5, 1927, to March 6, 1927, that I last saw h er alive on March 5, 1927 and that death occurred, on the date stated above, at 1:00A m.

The CAUSE OF DEATH was as follows:
Chronic Myocarditis

(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of
Was there an autopsy? no
If under one year, was infant Breast Fed?
What test confirmed diagnosis? Weak + failing heart sounds

(Signed) Louis A Cohen M. D.
(Address) 366 Commonwealth Ave
Date March 6 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Austrian Cem. Woburn
(Cemetery) (City or town)
DATE OF BURIAL Mar. 7 1927

19 UNDERTAKER Manuel Stanetsky
ADDRESS Boston

Official position Health Officer Date of issue of permit 3/7/27 Permit NO. 1210

March 6 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent.. or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Winthrop, Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Richardson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 72 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			2	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Leslie J
10 BIRTHPLACE OF FATHER (City) Brockton
(State or country) Mass
11 MAIDEN NAME OF MOTHER F. Leslie Barnaby
12 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass

13 Informant Leslie J. Richardson
(Address) 72 Winthrop St.

14 Filed Mar 2 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 7 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 5, 1927, to March 7, 1927, that I last saw h[illegible] alive on March 7, 1927, and that death occurred, on the date stated above, at 9.05 P.M.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage ? 1
(Trauma)
(duration) yrs. 2 mos. 1 ds.
CONTRIBUTORY (SECONDARY) Enlarged Thymus
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. Finkelstein, M. D.
(Address) 382 Vinthrop St
Date March 8 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
St. Michaels Boston
(Cemetery) (City or town)
DATE OF BURIAL Mar 10 192

19 UNDERTAKER John F. O'Maley
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Caudreau
Official position Health Officer Date of issue of permit 3/10/27 Permit No. 1211

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Budget not filed' com.

15,590

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH — (City or town)

County Suffolk State Registered No.

City or Town Winthrop No. 241 Washington Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Franklin John Edgett

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Bridgeport, Ct St., 3 Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F. Edgett

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or .... min.
	53	9	5	

IF STILLBORN, enter that fact here — — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Inspector
(b) Name of employer New England Insurance Co

8 BIRTHPLACE (City) Capeville Cape
(State or country) N. B. Canada

PARENTS

9 NAME OF FATHER Franklin Edgett

10 BIRTHPLACE OF FATHER (City) Capeville Cape
(State or country) N. B. Canada

11 MAIDEN NAME OF MOTHER Elizabeth Lewis Edgett

12 BIRTHPLACE OF MOTHER (City) New Brunswick Canada
(State or country)

13 Informant Frederick Edgett
(Address) 241 Washington Ave Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 9 1927
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

(a) physicians by Suspension, (partial), Suicidal.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Lyman Burrage Draper M.D.

(Address) Boston

Medical Examiner for Suffolk

Date Mar 24 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL — DATE OF BURIAL
Evergreen (Cemetery) Boston (City or town) 3 12 27 (Month) (Day) (Year)

19 UNDERTAKER — ADDRESS
Walter J. [illegible]

20 Burial permit issued by Wm. D. Coldrey Official position Health Officer 21 Date of issue 3/10/27 Permit No. 1212

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Franklin John Edgett
Died 9. 1927

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town) .....

1 PLACE OF ~~DEATH~~

County Suffolk State Mass Registered No. .....

City or Town Winthrop No. Community Hospital St., Ward .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martha Jane Seabury

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 Pleasant Park Road St., Winthrop Ward. .....

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles T. Seabury.

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	76	8	8	

IF STILLBORN, enter that fact here .....

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer .....

8 BIRTHPLACE (City) Parkman
(State or country) Maine.

PARENTS

9 NAME OF FATHER Emerson Harvey.

10 BIRTHPLACE OF FATHER (City) South Dover
(State or country) Maine.

11 MAIDEN NAME OF MOTHER .....

12 BIRTHPLACE OF MOTHER (City) .....
(State or country) .....

13 Informant Stanley H. Seabury
(Address) 26 Emerson Road.

14 Filed Mar 21 '27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March - 10 - 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Toxemia following
Flame Burns of neck, trunk
& extremities,
clothing accidentally
ignited by a lighted gas
heater at her own home

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? as above

(Signed) Wm. L. Buckley, M.D.

(Address) 524 Commercial

Medical Examiner for Suffolk

Date March - 10 - 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL March 13. 1927
(Month) (Day) (Year)

19 UNDERTAKER Robt. P. Emerson

ADDRESS Winthrop

20 Burial permit issued by Wm. L. Childress Official position Health Officer

21 Date of issue 3/12/27 Permit No. 1213

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Martha Jane Lindsey
March 10, 1927

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 2398 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. BOSTON CITY HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FLORENCE BREEN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 23 NEPTUNE AVE. St.

(Usual place of abode)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	26			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER JOHN

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country) MASS.

11 MAIDEN NAME OF MOTHER MARY MOORE

12 BIRTHPLACE OF MOTHER (city or town) BOSTON
(State or country) MASS.

13 Informant MARY DOWNS
(Address) 23 NEPTUNE AVE. WINTHROP

14 Filed MAR. 15, 1927 E W McGlenen
Registrar of city or town where death occurred

Filed Mar 24, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAR. (Month) 12 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAR. 12, 1927 to MAR. 12 1927, that I last saw h ER alive on MARCH 12, 1927, and that death occurred, on the dated stated above, at 8 P m.

The CAUSE OF DEATH was as follows:

PULMONARY TUBERCULOSIS

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ----------

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. WINTHROP POWELL, M. D.

(Address)

Date MAR. 13, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (ST. PAULS) ARLINGTON
(Cemetery) (City or town)

DATE OF BURIAL 3-15, 1927

19 UNDERTAKER J. L. BURKE

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02

$0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~,
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 4 Woodside Pk Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME London, Goldie
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 4 Woodside Pk St., Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 8 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE 43 Years | 2 Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher
(b) Name of employer Amesbury Public Schools

8 BIRTHPLACE (City) Russia
(State or country) U. S.

PARENTS

9 NAME OF FATHER Moses H. London

10 BIRTHPLACE OF FATHER (City) ___
(State or country) Russia

11 MAIDEN NAME OF MOTHER Tillie Buckchutzky

12 BIRTHPLACE OF MOTHER (City) ___
(State or country) Russia

13 Informant Moses H. London
(Address) Winthrop Mass.

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 14 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1926, to Mar 14, 1927, that I last saw her alive on Mar 13, 1927, and that death occurred, on the date stated above, at 4.20 p m.

The CAUSE OF DEATH was as follows:

Carcinoma rt. breast

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

(duration) ___ yrs. ___ mos. 3 ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? Yes FOR WHAT? Empyema Date of July 19, 1926

Was there an autopsy? ___

If under one year, was infant Breast Fed? ___

What test confirmed diagnosis? Clin. Symps.

(Signed) Louis F Pinkerle M. D.

(Address) 13 Nahant Ave Revere

Date Mar 14, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Sarah Israel Cem. West Roxbury
(Cemetery) (City or town)

DATE OF BURIAL ___

19 UNDERTAKER Jacob N Levine

ADDRESS 57 Bowdoin St Boston Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D.

Official position Health Officer Date of issue of permit 3/15/27 Permit NO. 1214

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

March 14. 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

1 R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

15,559

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 9, Johnson Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Gertrude Haskell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 9 Johnson Ave St., Ward.

(If non-resident, give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William C. Haskell

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	50	11	1	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Gloucester
(State or country) Massachusetts

PARENTS

9 NAME OF FATHER Fred Hotchkiss

10 BIRTHPLACE OF FATHER (City) Gloucester
(State or country) Massachusetts

11 MAIDEN NAME OF MOTHER Martha Nickerson

12 BIRTHPLACE OF MOTHER (City) Marblehead
(State or country) Massachusetts

13 Informant Alice Haskell Woods (daughter)
(Address) Swampscott Mass.

14 Filed 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 15-16 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by illuminating gas, Suicidal

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Lyon Bryan Magath M.D.
(Address)
Medical Examiner for Suffolk
Date March 18 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Spring St. Cemetery Essex
(Cemetery) (City or town) (Mass.)

DATE OF BURIAL
Mar. 18, 1927
(Month) (Day) (Year)

19 UNDERTAKER Charles R. Brennison

ADDRESS Winthrop Mass.

20 Burial permit issued by Wm. D. Childress Official position Health Officer

21 Date of issue 3/17/27 Permit No. 1215

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish** for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Alice Brooks Parris
Parris 15-16, 1927

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town) Registered No.
City or Town Winthrop No. 15 Myrtle Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. Mahoney
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 15 Myrtle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Dennis

6 AGE: Years 70; Months; Days; If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Ireland

PARENTS

9 NAME OF FATHER: Dennis Mahoney
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Mary Sheehan
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Catherine Clark
(Address): 15 Myrtle Ave.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: March 16 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1927, to March 16, 1927, that I last saw h[er] alive on March 10, 1927, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows:
Acute Dilatation heart

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. J. Mahoney M. D.
(Address) 986 Winthrop St
Date March 16 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Malden (Cemetery) (City or town)
DATE OF BURIAL: 3/18/27

19 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D.
Official Position: Health Officer
Date of issue of permit 3/17/27
Permit No. 1216

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

March 16 1912

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH — Winthrop. (City or town)

County Suffolk State Massachusetts. Registered No.

City or Town Winthrop No. Winthrop Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Louis Garlick #1 (twin)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Circuit Road St., Ward,
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE — Years: X — Months: X — Days: X — IF LESS than 1 day, ...hrs. or ....min.

IF STILLBORN, enter that fact here: Stillborn.

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER Louis Ivan Garlick.

10 BIRTHPLACE OF FATHER (City) Bradford.
(State or country) England

11 MAIDEN NAME OF MOTHER Effie Stephenson.

12 BIRTHPLACE OF MOTHER (City) Bradford.
(State or country) England

13 Informant Louis I. Garlick.
(Address) 45 Circuit Road.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar (Month) 17 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19,
that I last saw h alive on , 19,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)

Stillborn
6 mos premature
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) R. B. Parker, M. D.
(Address) 140 Winthrop St Winthrop
Date Mar 14, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Winthrop (Cemetery) Winthrop (City or town) March 20, 1927

19 UNDERTAKER — ADDRESS
Parker P. Bennison Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cluff Jr. M.D. Official position Health Officer Date of issue of permit 3/19/27 Permit No 1215

2,000,000. 9-26. NO. 6373

WHITE PENCIL WITH CARBONS USED. THIS IS AN ORIGINAL RECORD. Typewriting should be applied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

March 17, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Massachusetts. Registered No.
~~City or~~ Town Winthrop No Winthrop Summit Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Robert Garlick #2 (twin)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Circuit Road St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	X

5a If married, widowed or divorced HUSBAND of (or) WIFE of X

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	X	X	X	

IF STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER Louis Ivan Garlick.
10 BIRTHPLACE OF FATHER (City) Bradford.
(State or country) England.
11 MAIDEN NAME OF MOTHER Effie Stephenson.
12 BIRTHPLACE OF MOTHER (City) Bradford
(State or country) England.

13 Informant Louis I. Garlick
(Address) 45 Circuit Road.

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 17 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19,
that I last saw h alive on , 19,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)

Still born.
6 mos. premature
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death For what
Date of operation
Was there an autopsy
What test confirmed diagnosis
(Signed) C B Parker, M. D.
(Address) Winthrop Mass
Date March 19 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Winthrop (Cemetery) Winthrop (City or town)

19 UNDERTAKER Charles R. Bennett ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Cuddyer M. D. Official position Health Officer Date of issue of permit 3/19/27 Permit No 1219

2.00.000. 9-26. NO. 6373

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

March 17, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. .*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County ~~Suffolk~~ State Massachusetts Registered No.

City or Town Winthrop ~~Boston~~ No. 94, Washington St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maude E. Wilmot
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 94 Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 17 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of George Edwin

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	55			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): New Glasgow Nova Scotia

PARENTS

9 NAME OF FATHER: John Wilmot

10 BIRTHPLACE OF FATHER (City) (State or country): Lowden England

11 MAIDEN NAME OF MOTHER: Mary Stackhouse

12 BIRTHPLACE OF MOTHER (City) (State or country): St. John N.B.

13 Informant: George Edwin Wilmot
(Address) Winthrop Mass

14 Filed 3/21/27.
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 18 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1927, to Mar 18, 1927, that I last saw her alive on Mar 13, 1927, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH was as follows:

Hemorrhage from Stomach.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Carcinoma stomach & liver.

(duration) 1 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of no

Was there an autopsy? no.

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) F B McCulloch, M. D.

(Address) 27 Crescent Av Chelsea Mass

Date Mar. 18 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) Yarmouth N.S. (City or ...)

DATE OF BURIAL Mar. 22, 27

19 UNDERTAKER C A Rollins

ADDRESS E. Boston.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W L. Chidrey M. D.

Official position Health Officer Date of issue of permit 3/18/27 Permit NO. 1117

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

M
-200,000

March 18 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 76, Atlantic St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH W. DALTON
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 76 Atlantic St. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Catherine

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Ireland

PARENTS

9 NAME OF FATHER Joseph

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13
Informant Mrs. Annie Dalton
(Address) 76 Atlantic St.

14
Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 17 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 16, 1927, to March 19, 1927, that I last saw h alive on March 18, 1927, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH was as follows:

Pneumonia.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 382 Winthrop St

Date March 19 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL 3/22/27

19 UNDERTAKER John F. O'Maley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cuddyer Official position Police Officer Date of issue of permit 3/21/27 Permit NO. 1220

March 19, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2602 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town)

Registered No.

1 PLACE OF DEATH
County SUFFOLK State MASS
City or Town WINTHROP No. # 5 QUINCY AVENUE. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FRANK ATWILL NEWLIN.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 5 QUINCY AVE. WINTHROP. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE.	WIDOWER.

5a If married, widowed or divorced HUSBAND of (or) WIFE of ANNA J. NEWLIN.

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
81	10	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED.
(b) Name of employer BROKER.

8 BIRTHPLACE (City) NEW YORK.
(State or country) N.Y.

PARENTS

9 NAME OF FATHER UNKNOWN.

10 BIRTHPLACE OF FATHER (City) NEW ORLEANS.
(State or country) LA.

11 MAIDEN NAME OF MOTHER FANNY ATTWILL.

12 BIRTHPLACE OF MOTHER (City) UNKNOWN.
(State or country)

13 Informant F.S. WILLIAMS.
(Address) WINTHROP. MASS?

14 Filed Apr 2/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mch 21 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mch 0 , 1927, to Mch 21 , 1927, that I last saw h alive on Mch 21 , 1927, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH was as follows:

Pulmonary Oedema

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of [illegible] (duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no -

What test confirmed diagnosis? Palpation. Hemorrhage

(Signed) Frederick C. Brown M. D.

(Address) 533 Beacon St.

Date March 24 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL MOUNT AUBURN. CAMBRIDGE.
(Cemetery) (City or town)

DATE OF BURIAL 3/23.27

19 UNDERTAKER Frederick L Bragg

ADDRESS BOSTON.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm L. Childress M.D.

Official position Health Officer Date of issue of permit 3/22/27 Permit No. 1921

March 21, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**...**a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Revere
Mattapan

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eleanor Dolan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 142 Billingham ave St., Ward. Brookline
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	X	X	1	

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

9 NAME OF FATHER William J. Dolan
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
11 MAIDEN NAME OF MOTHER Ellen Francis
12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

13 Informant William J. Dolan
(Address) 142 Billingham ave Brookline

14 Filed Jan 2 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 22, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
March 22, 1927, to ___, 19___,
that I last saw h___ alive on ___, 19___,
and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:
Asphyxia neonatorum
(intrauterine)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of
Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Harold Murphy, M. D.
(Address) 620 Beacon St Room
Date March 22, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden.
(Cemetery) (City or town)
DATE OF BURIAL 3-24-27

19 UNDERTAKER M. J. Cassidy
ADDRESS Harrison Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress
Official position Agent
Date of issue of permit 3/22/27 Permit No. 1222

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-'25 NO. 2662-3.

March 22, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9'25 No. 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Winthrop Community Hospital St. Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Oerel
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 14 Coral Ave. St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ~~7~~ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

9 NAME OF FATHER David Oerel

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Sylvia Goldberg

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant David Oerel
(Address) 14 Coral Ave.

14 Filed 3/26/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 25 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 24, 1927, to March 25, 1927, that I last saw h~~im~~ alive on March 25, 1927, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage
(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (SECONDARY) hemorrhage
(duration) ___ yrs. ___ mos. 1 ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Frank T Sandler, M. D.

(Address) 52 Thorndike St Revere

Date March 25 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Bellevue
(Cemetery) (City or town)

DATE OF BURIAL 3/28/1927

19 UNDERTAKER Maurice Stanley

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position Agent Date of issue of permit Mar 25/27 Permit NO. 1223

March 25. 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

ORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-'25 NO. 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 17 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Kravet
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 17 Winthrop St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 4 months 7 days. How long in U. S., if of foreign birth? 4 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | **4 COLOR OR RACE** White | **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Meyer

6 AGE 58 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

PARENTS

9 NAME OF FATHER Moses Cuts

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Hannah Samovitz

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Libby Kravet
(Address) 17 Winthrop St.

14 Filed 3/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 26 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from January 2, 1927, to March 26, 1927, that I last saw her alive on March 26, 1927, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH was as follows:

Carcinoma right breast

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) General cancerous condition

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes FOR WHAT? Date of Jan. 6/1927

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jacob Abrams M. D.

(Address) 644 Huntington Street Winthrop

Date March 26 (Month) 1927 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Newport R. I.
(Cemetery) (City or town)

DATE OF BURIAL 3/28/27

19 UNDERTAKER W. Arnold Hunter

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position agent Date of issue of permit 3/26/27 Permit NO. 1224

March 26 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. , Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Lewis Stockman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 73 Grove St Winchendon St., Ward. Winchendon
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ethel D

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
59			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book Keeper
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER John A Stockman

10 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

13 Informant Earle A Stockman
(Address) 73 Grove St Winchendon Mass

14 Filed April 2/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 27 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1927, to Mar. 27, 1927, that I last saw h[illegible] alive on Mar 27, 1927, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Liver and Pancreas.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis? Surgical Observation

(Signed) Raymond S Tarbell, M. D.
(Address) Winthrop Mass
Date March 28th 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Forest Hills (Cemetery) Boston (City or town)
DATE OF BURIAL March 30

19 UNDERTAKER J. S. Waterman & Sons
ADDRESS Boston Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William O. Childress
Official position Agent
Date of issue of permit 3/28/27
Permit No. 1225

-20M.
-200,000

March 27. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2,00,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk. State Massachusetts. Registered No.
~~City or~~ Town Winthrop No. 6 Lewis Avenue ~~St.~~, Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fannie Morton Morris.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 Lewis Avenue ~~St.~~, Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 17 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female.	White	Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	64	3	15	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School teacher.
(b) Name of employer City of Boston.

8 BIRTHPLACE (City) Charlestown.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER William A. Morris.
10 BIRTHPLACE OF FATHER (City) Boston.
(State or country) Massachusetts.
11 MAIDEN NAME OF MOTHER Catherine Steele.
12 BIRTHPLACE OF MOTHER (City) Boston.
(State or country) Massachusetts.

13 Informant Alice Morris. (sister)
(Address) 6 Lewis Ave.

14 Filed Apr 2/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. F. Cudden
Official position Health Officer Date of issue of permit 3/29/27 Permit No. 227

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar (Month) 27 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 22, 1927, to Mar 27, 1927,
that I last saw h alive on Mar 27, 1927,
and that death occurred, on the date stated above, at 12.40 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of left breast
Metastases general
(duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(duration) yrs. mos. 2 ds.

17 Where was disease contracted if not at place of death ✓
Did an operation precede death Yes 3 yrs ago For what Excision of left Breast
Date of operation
Was there an autopsy ✓
What test confirmed diagnosis Microscopic Exc
(Signed) Richard Metcalf, M. D.
(Address) 114 Pleasant St.
Date Mar 29/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Forest Hills (Cemetery) Boston (City or town)
DATE OF BURIAL March 30, 1927

19 UNDERTAKER Charles P. Bennison
ADDRESS Winthrop

March 27. 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 21 Sea Foam Ave., St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David Hoffman
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 21 Sea Foam St. Ave. Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Leah

6 AGE 78 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Furniture Store
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Russia

PARENTS

9 NAME OF FATHER Isaac Hoffman

10 BIRTHPLACE OF FATHER (City) (State or country) Russia

11 MAIDEN NAME OF MOTHER Jolie Cowitz

12 BIRTHPLACE OF MOTHER (City) (State or country) Russia

13 Informant Mrs. Hoffman
(Address) 21 Sea Foam Ave. Winthrop

14 Filed Mar 29 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 28 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to March 28, 1927, that I last saw him alive on March 28, 1927, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH was as follows:

Aneurysm of Aorta

(duration) 1 yrs. — mos. ___ ds.

CONTRIBUTORY (SECONDARY) None

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? No Date of —

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis? X Ray

(Signed) W. W. Goodwin M. D.

(Address) 39 Princeton St.

Date March 29 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or town)
DATE OF BURIAL MAR 29 1927

19 UNDERTAKER
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Lindsey Jr. Official position Clerk Date of issue of permit 3/27/27 Permit NO. 1227

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

March 28. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*. (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)
Registered No. 2983 (Place of death)
Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. FRANCES SCOTT NURSING HOME St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ISAAC GRISHAVER
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 9 TRIDENT AVE. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of FANNIE

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work CIGAR MAKER
(b) Name of employer ---------

8 BIRTHPLACE (city or town) ___
(State or country) HOLLAND

PARENTS

9 NAME OF FATHER MOSES

10 BIRTHPLACE OF FATHER (city or town) ___
(State or country) HOLLAND

11 MAIDEN NAME OF MOTHER ROSE WIRTHEUM

12 BIRTHPLACE OF MOTHER (city or town) ___
(State or country) HOLLAND

13 Informant WIFE
(Address) 9 TRIDENT AVE. WINTHROP

14 Filed APR. 1, 19 27 Edwin Glenen
Registrar of city or town where death occurred
Filed Apr 7 1, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MARCH 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from MARCH 15, 19 27, to MARCH 29, 19 27, that I last saw h IM alive on MARCH 28, 19 27, and that death occurred, on the dated stated above, at 6 P m.
The CAUSE OF DEATH was as follows:

CARCINOMA OF RECTUM

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) MYOCARDITIS

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) WALTER H. CROSBY, M. D.

(Address)

Date MAR. 29. 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (NETHERLANDS) WYOMING
(Cemetery) (City or town)

DATE OF BURIAL 3-31, 19 27

19 UNDERTAKER MAYER SOLOMON & SONS

ADDRESS

4—50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature ot the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or. . from the clerk of the town where the person died: **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known: otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Completed Certificate.

GEORGE BURGESS MAGRATH, M.D.
Medical Examiner

The Commonwealth of Massachusetts

MEDICAL EXAMINER FOR SUFFOLK COUNTY

Office of the Northern Division

274 BOYLSTON STREET, BOSTON

To THE TOWN CLERK, WINTHROP, MASSACHUSETTS:—

I hereby certify that on the 10th and 11th days of April,

in the year 1927, in accordance with the provisions of law, I examined the body and made personal inquiry into the cause and manner of the death of

MAJOR SIMPSON

aged fifty-nine years, late of 283 Court Road, Winthrop, Mass.,

who died at 283 Court Road, Winthrop, Massachusetts, on

the tenth day of April, in the year 1927.

I further declare it to be my opinion that the said decedent **died from**

Poisoning by carbon-monoxide incidental to the operation by himself of a motor vehicle.

(Found dead in a private garage housing his own car the engine of which was running idle.)

WITNESS my hand and seal this 26th day of May,

in the year 1927.

Geo Burgess Magrath, M.D.

Medical Examiner for Suffolk County.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 3 Pauline St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Jane Doane
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 3 Pauline St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 26 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Benjamin S. Doane

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	86	4	23	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Yarmouth
(State or country) N. S.

PARENTS

9 NAME OF FATHER Richard Foote.
10 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
11 MAIDEN NAME OF MOTHER Elizabeth Porter.
12 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

13 Informant Benjamin Doane
(Address) 3 Pauline St.

14 Filed Apr 4 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 1st (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1927, to April 1, 1927,
that I last saw h[illegible] alive on April 1, 1927,
and that death occurred, on the date stated above, at 10.15 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Valvular disease of heart

General passive congestion (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis (duration) 1 yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed) Horace J Soule, M. D.
(Address) 180 Winthrop St Winthrop
Date April 3, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
East Boston
(Cemetery) (City or town)

DATE OF BURIAL 4/1/27

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William W. Childurs Official position Agent Date of issue of permit 4/4/27 Permit No. 1229

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

April 1, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Augusta Sawyer
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Fremont St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 35 years X months X days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Harry W. Sawyer

6 AGE — Years: 52 — Months — Days — IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Chelsea
(State or country) Mass

PARENTS

9 NAME OF FATHER John F. Sawyer
10 BIRTHPLACE OF FATHER (City) Fairfield
(State or country) Me
11 MAIDEN NAME OF MOTHER Fannie Barrett
12 BIRTHPLACE OF MOTHER (City) Bangor
(State or country) Me

13 Informant J. B. Fenderson
(Address) 108 Winthrop St.

14 Filed Oct. 6 27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position Agent Date of issue of permit 4/4/27 Permit No. 1228

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 1 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Jan 15, 1924, to April 1, 1927,
that I last saw h er alive on April 1, 1927,
and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH was as follows: (State fully)

Cerebral Hemorrhage.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation No
Was there an autopsy No
What test confirmed diagnosis Personal Observation
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date April 3, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL 4/4/27

19 UNDERTAKER C. R. Brannon
ADDRESS Winthrop

April 1, 1937

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk - State Massachusetts Registered No.
City or Town Winthrop No. 3 Johnson Terrace St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ora Bolton Dawson
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 3 Johnson Terrace St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred — years 6 months — days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of George W. W. Dawson.

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	56	1	28	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Holton.
(State or country) Maine.

PARENTS

9 NAME OF FATHER Charles J. Bolton.
10 BIRTHPLACE OF FATHER (City) Orono -
(State or country) Maine.
11 MAIDEN NAME OF MOTHER Nancy Walker.
12 BIRTHPLACE OF MOTHER (City) Holton,
(State or country) Maine.

13 Informant George W. W. Dawson
(Address) 3 Johnson Terrace.

14 Filed Apr. 6/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 2 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 15 1927, to Apr 2 1927,
that I last saw her alive on April 1 1927,
and that death occurred, on the date stated above, at 4.40 P m.
The CAUSE OF DEATH was as follows: (State fully)

Cancer of left breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) metastatic to stomach.

(duration) yrs. 6 mos. ds.

17 Where was disease contracted if not at place of death ~

Did an operation precede death Yes For what Amputation of breast
Date of operation August 1926
Was there an autopsy no
What test confirmed diagnosis Lab.

(Signed) R W Layton, M. D.
(Address) Winthrop Mass
Date Apr 4-1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Woodlawn (Cemetery) Everett (City or town) April 5, 1927

19 UNDERTAKER Charles R. Bu... ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Guldrey Official position Health Officer Date of issue of permit 4/5/27 Permit No. 1995

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, 6 *yrs*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County [illegible] State Mass (City or town) Registered No.
City or Town [illegible] No. 16 Pearl Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Kelly
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 Pearl Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Charles B.

6 AGE: Years 59 Months — Days — IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer

8 BIRTHPLACE (City) St. John
(State or country) N.B

PARENTS

9 NAME OF FATHER Edward Kelly
10 BIRTHPLACE OF FATHER (City) St John N.B
(State or country)
11 MAIDEN NAME OF MOTHER Mary Burke
12 BIRTHPLACE OF MOTHER (City) St John N.B
(State or country)

13 Informant [illegible]
(Address) 16 Pearl Ave St. John

14 Filed Apr. 6/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 2 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 26, 1927 to April 2 1927
that I last saw h alive on April 1, 1927
and that death occurred, on the date stated above, at 7.40 A m.
The CAUSE OF DEATH was as follows: (State fully)

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hypostatic
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No.

What test confirmed diagnosis

(Signed) [illegible] M. D.
(Address) 366 Union St
Date April 3, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Maiden (Cemetery) (City or town) DATE OF BURIAL: 4-5-27

19 UNDERTAKER [illegible] ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. L. Childress Official position Health Officer Date of issue of permit 4/4/27 Permit No. 1231

Apr. 2. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

BOSTON
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. (Place of death) Registered No. 3138 (Place of residence)

City or Town Boston No. CAMBRIDGE SUBWAY AT BROADWAY St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM P. BEDARD

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 55 HIGHLAND St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work STEAM FITTER

(b) Name of employer STONE & WEBSTER

8 BIRTHPLACE (city or town) CAMBRIDGE
(State or country) MASS.

PARENTS

9 NAME OF FATHER ALFRED

10 BIRTHPLACE OF FATHER (city or town) QUEBEC
(State or country) CANADA

11 MAIDEN NAME OF MOTHER DELIA ADAMS

12 BIRTHPLACE OF MOTHER (city or town) MONTREAL
(State or country) CANADA

13 Informant FATHER
(Address) 244 ELM ST.

14 Filed APR. 6 1927 Wm Glenen
Registrar of city or town where death occurred

Filed Apr. 7, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH APRIL (Month) 2, (Day) 1927 (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

CRUSHING INJURIES CAUSED BY A

AN ELECTRIC RAILWAY ACCIDENT.

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date APRIL (Month) 3, (Day) 1927 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (CAMBRIDGE) CAMBRIDGE

DATE OF BURIAL 4-6-27 (Month) (Day) (Year)

19 UNDERTAKER JOHN C. BURNS

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

See reverse side for extracts from the laws of the Commonwealth and instructions.

should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) . . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

. . . . . .

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Oper. 2, 1927

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2 00,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Isaacs Lawrence
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 494 Shirley St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of:

6 AGE: Years 66 | Months 4 | Days 13 | IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here:

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bookkeeper
(b) Name of employer: M. L. Fletcher Boston

8 BIRTHPLACE (City): Charlestown
(State or country): Mass

PARENTS

9 NAME OF FATHER: Chas B. Lawrence
10 BIRTHPLACE OF FATHER (City):
(State or country): Unknown
11 MAIDEN NAME OF MOTHER: Almira Haskell
12 BIRTHPLACE OF MOTHER (City): Stirling
(State or country): Mass

13 Informant: Mrs Gertrude I. Pinkesbury
(Address) 494 Shirley St.

14 Filed 9-1-27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 24, 1927, to April 3, 1927,
that I last saw her alive on April 3, 1927
and that death occurred, on the date stated above, at 11:30 a.m.
The CAUSE OF DEATH was as follows: (State fully)
Pneumonia - lobar left lower

(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Mitral stenosis
(duration) 1 yrs. mos. ds.

17 Where was disease contracted if not at place of death at her home
Did an operation precede death No For what
Date of operation ✓
Was there an autopsy No
What test confirmed diagnosis Lab & clinical
(Signed) R. W. Lawless, M. D.
(Address) Winthrop Mass
Date Sept 4 - 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery (Cemetery) (City or town)
DATE OF BURIAL: April 6th/27

19 UNDERTAKER: Charles R. Bennison
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. H. D. Childress M.D. Official position Health Officer Date of issue of permit 9/5/27 Permit No. 1203

Effv. 3.1937

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 104, Highland Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter W. Osol.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 244 Mass. Ave. St., Ward. Boston
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Carrie P.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	10	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Russia

PARENTS

9 NAME OF FATHER: Peter Osol

10 BIRTHPLACE OF FATHER (City)
(State or country) Russia

11 MAIDEN NAME OF MOTHER: -- Kruman

12 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

13 Informant: Charles H. Welch
(Address) 47 St. Stephen St., Boston

14 Filed ___ (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M. D.
Official position Health Officer Date of issue of permit 4/4/27 Permit No. 1230

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 3 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw h alive on ___, 19___, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:
Natural causes,
probably Lobar Pneumonia

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Ray B Parker M. D.
(Address) Winthrop Board of Health
Date April (Month) 3, (Day) 1927 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hills Crem. Boston (Cemetery) (City or town) — DATE OF BURIAL: Apr5

19 UNDERTAKER: J. S. Waterman & Sons Inc. — ADDRESS: Boston

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK– THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Apr. 3, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2 00,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 35 Washington Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Agnes Golden
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Washington Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 14 years — months — days. How long in U. S., if of foreign birth? — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	55	—	—	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer —

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Thomas F. Golden

10 BIRTHPLACE OF FATHER (City) Hedford
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary B. Brogan

12 BIRTHPLACE OF MOTHER (City) Athenkye
(State or country) Ireland

13 Informant Mr. Thomas F. Golden
(Address) 35 Washington Ave.

14 Filed Apr 25 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 5 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 31, 1927, to April 5, 1927,
that I last saw h— alive on April 5, 1927,
and that death occurred, on the date stated above, at 7.20 A m.
The CAUSE OF DEATH was as follows: (State fully)

Coronary Thrombosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death No For what —
Date of operation —
Was there an autopsy No
What test confirmed diagnosis —

(Signed) C. Anthony, M. D.
(Address) 160 Winthrop St
Date April 6, (27)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holywood, Brookline
(Cemetery) (City or town)
DATE OF BURIAL 4/8/27

19 UNDERTAKER M. J. Kelly
ADDRESS 6. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William D. Childress Official position Agent Date of issue of permit 4/7/27 Permit No. 1234

April 5, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

RM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No.

City or Town Winthrop No. Winthrop Arms Hotel St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Loomer (If in the Army or Navy of the United States, give rank, organization, etc.) Chief Cook

(a) Residence. No. Winthrop Arms Hotel St., Winthrop Ward. (If non-resident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 2 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
43			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Assistant Chef
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Fred A. Loomer

10 BIRTHPLACE OF FATHER (City) St John
(State or country) N B

11 MAIDEN NAME OF MOTHER Lena Porters

12 BIRTHPLACE OF MOTHER (City) St Johns
(State or country) N. B.

13 Informant Mrs. Ethel L. Jeffers
(Address) Winthrop Mass

14 Filed Apr. 25/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 7 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Bullet Wound Skull & Brain

Suicidal

Found dead in his own bed

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? as above

(Signed) John J. Buckley, M.D.

(Address) 5324 Commercial

Medical Examiner for Suffolk

Date April 7-1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Belleview Lawrence
(Cemetery) (City or town)

DATE OF BURIAL 4/10/27
(Month) (Day) (Year)

19 UNDERTAKER E. L. Bennett

ADDRESS Lawrence Mass.

20 Burial permit issued by W. D. Childress Official position Health Officer 21 Date of issue 4/8/27 Permit No. 1335

9.13.9

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

April 7, 1927

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston Winthrop No. 111 Locust St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J Dowd
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 111 Locust St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frank A

6 AGE Years 60 | Months | Days | IF LESS than 1 day, ...hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country)

PARENTS

9 NAME OF FATHER Patrick Carty

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Catherine Regan

12 BIRTHPLACE OF MOTHER (City)
(State or country) Boston

13 Informant Frank A. Dowd
(Address) 111 Locust St

14 Filed Apr. 25/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cundey Official position Medical Examiner Date of issue 4/11/27 Permit No. 1236

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 7 (19)27
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 29, 19 27 to April 7, 19 27
that I last saw h alive on April 8, 19 27
and that death occurred, on the date stated above, at 6.40 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Broncho pneumonia

(duration) 4 yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Interstitial nephritis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy
If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) , M. D.
(Address) 266
Date Apr. 11 (19)27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph Boston DATE OF BURIAL Apr. 11.27
(Cemetery) (City or town)

19 UNDERTAKER Jas Conroy ADDRESS 1409 Hancock

April 7. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

15,650
Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 71

City or Town Winthrop: 283 Court Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Major Simpson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 283 Court Road St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years 3 months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	married

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Hannah R. Simpson.

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	59	4	11	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) England.

PARENTS

9 NAME OF FATHER Charles Simpson.

10 BIRTHPLACE OF FATHER (City) Bradford.
(State or country) England

11 MAIDEN NAME OF MOTHER Frances Schofield.

12 BIRTHPLACE OF MOTHER (City) Bradford
(State or country) England.

13 Informant Mrs Hannah R. Simpson
(Address) 283 Court Rd.

14 Filed Apr. 12/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 10, 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

~~Causes to be established by further medical study.~~

May 26 1927 = Poisoning by carbon-monoxide incidental to the operation by himself of a motor vehicle. Found dead in a private garage housing his own car, the engine of which was running idle.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? (Engine running in garage)

(Signed) Leon Bungus Magnuson, M.D.
(Address)
Medical Examiner for Suffolk
Date April 11 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Ridge Lawn (Cemetery) Delawanna (City or town) N.J.

DATE OF BURIAL
Apr. 15. 1927
(Month) (Day) (Year)

19 UNDERTAKER Charles R. Bennison
ADDRESS Winthrop

20 Burial permit issued by Wm. L. Thurlow Official position Health Officer

21 Date of issue 4/12/27 Permit No. 1284

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Filipino Surgeon
April 10. 1927

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Registered No. [illegible]
(City or town)

1 PLACE OF DEATH
County [illegible] State [illegible]
City or Town [illegible] No. 46 Lewis ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME [illegible] Elvira Rodney
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 46 Lewis ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a If married, widowed or divorced HUSBAND OF (or) WIFE of: John. Rodney

6 AGE: Years 76 | Months 4 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer

8 BIRTHPLACE (City) Amherst
(State or country) Mass

PARENTS

9 NAME OF FATHER George [illegible]
10 BIRTHPLACE OF FATHER (City)
(State or country) [illegible]
11 MAIDEN NAME OF MOTHER [illegible]
12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant Mrs. F. S. Davis
(Address) 46 Lewis ave

14 Filed Apr. 2 (27)
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 10 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mch 24, 1927, to April 10, 1927,
that I last saw her alive on Apr. 8, 1927,
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Occlusion cerebral vessels.

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - severe
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death ✓

Did an operation precede death no For what ✓

Date of operation ✓

Was there an autopsy no

What test confirmed diagnosis Clinical - Paralysis - Low B.P.

(Signed) A Roy Wharton, M. D.

(Address) Northampton, Mass.

Date 4/12/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
[illegible] Hadley Mass
(Cemetery) (City or town)

DATE OF BURIAL 4/14/27

19 UNDERTAKER C R Bannon

ADDRESS Amherst

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. Childress M.D.
Official position Health Officer
Date of issue of permit 4/12/27
Permit No. 1237

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ..*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M: R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100,000. 3567.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH

County Suffolk (Bristol written) State Mass. Registered No. 37

City or Town Winthrop No. 11, Neptune Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Mary Wood
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 27 Green St., Ward. Boston
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years 6 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Wood

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	10	27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Hopkinton
(State or country) Mass

PARENTS

9 NAME OF FATHER Wm. Thomas

10 BIRTHPLACE OF FATHER (City) Devon
(State or country) Eng.

11 MAIDEN NAME OF MOTHER Helen Patterson

12 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

13 Informant Howard J. Wood
(Address) 11 Neptune Ave

14 Filed Apr 25 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 12, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to April 12, 1927, that I last saw h alive on April 12, 1927, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis
Impaired

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Mahoney, M.D.

(Address) 366 Winthrop St

Date April 12 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope (Cemetery) Boston (City or town)

DATE OF BURIAL 4/13/27

19 UNDERTAKER Edmund C. Burke

ADDRESS Fam. Pl.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress Official position Health Officer Date of issue of permit 4/13/27 Permit No. 1240

April 12. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis. peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 154 Court Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph P. Fleming
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 154 Court Rd. St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary

6 AGE Years 63 Months Days IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer Custodian

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Patrick

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Hannah

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Mary E. Fleming
(Address) 154 Court Rd.

14 Filed Apr. 21/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 13 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 1, 19 27 to April 13, 19 27
that I last saw h in alive on April 12, 19 27
and that death occurred, on the date stated above, at 7 A m.
The CAUSE OF DEATH was as follows: (State fully)

Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) [illegible], M. D.

(Address) 540 Winthrop St

Date 4/13/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Forest Hills (Cemetery) Boston (City or town)

DATE OF BURIAL
April 14 1927

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. J. Quilty Official position Health Officer Date of issue of permit 4/14/27 Permit No. 1246

April 13 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK– THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 34 Bartlett Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emanual Anderson
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 34 Bartlett Road St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 3 years — months — days. How long in U. S., if of foreign birth? 50 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Selma Anderson

6 AGE: Years 89 | Months — | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tinsmith
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Denmark

PARENTS

9 NAME OF FATHER: Anders Anderson
10 BIRTHPLACE OF FATHER (City) (State or country): Denmark
11 MAIDEN NAME OF MOTHER: Unknown
12 BIRTHPLACE OF MOTHER (City) (State or country): Denmark

13 Informant: Mrs Mae Lood
(Address) Magazine St Cambridge

14 Filed Apr. 25/27 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress 9.10.9

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 14 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Apr 14, 1927, that I last saw him alive on Apr 10, 1927, and that death occurred, on the date stated above, at 2:30 P.m.

The CAUSE OF DEATH was as follows:
Chronic interstitial nephritis.

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of
Was there an autopsy? Yes
If under one year, was infant breast fed?
What test confirmed diagnosis? Microscopic Laboratory

(Signed) H. W. Taylor, M. D.
(Address) Winthrop, Mass.
Date Apr 14 1927 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn (Cemetery), Everett (City or town)
DATE OF BURIAL: Apr 16/27

19 UNDERTAKER: J. W. Waterman Sons
ADDRESS: Boston

Official position: Health Officer
Date of issue of permit 4/15/27 Permit No. 1242

9-200,000

April 14. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 2 Upland Road. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Felix Vergona
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Upland Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nancy Vergona

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	11	20	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk.
(b) Name of employer

8 BIRTHPLACE (City) Italy
(State or country)

PARENTS

9 NAME OF FATHER Felix Vergona

10 BIRTHPLACE OF FATHER (City) Italy
(State or country)

11 MAIDEN NAME OF MOTHER Mary Costa

12 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

13 Informant Mrs. Vergona
(Address) 2 Upland Road.

14 Filed Apr 25 27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. [signature] Official position Health [illegible] Date of issue of permit 4/15/27 Permit No. 1473

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 16 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 9, 1927, to April 16, 1927, that I last saw him alive on April 16, 1927, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH was as follows:

Thrombosis of Coronary Artery

(duration) ___ yrs. ___ mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) ? yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? No Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis? Clinical

(Signed) Orville E. Jackson M. D.

(Address) 123 Winthrop St

Date April 17 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
St. Michaels Cem. (Cemetery) Boston (City or town)

DATE OF BURIAL April 19, 1927

19 UNDERTAKER J. Waterman & Sons

ADDRESS Boston

April 16, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No. ____
Township Winthrop or Village ____ or
City ____ No. Fort Banks St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Franklin Salisbury

(a) Residence. No. Fort Banks, Mass. St., ____ Ward. ____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Mrs. Isabelle Salisbury.

6 DATE OF BIRTH (month, day, and year) July 11, 1871.

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
~~58~~	56	8	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Soldier,
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer U.S. ARMY

9 BIRTHPLACE (city or town) Flora,
(State or country) Indiana.

PARENTS
10 NAME OF FATHER Matthews Salisbury,
11 BIRTHPLACE OF FATHER (city or town) Flora,
(State or country) Indiana.
12 MAIDEN NAME OF MOTHER Minerva Cline
13 BIRTHPLACE OF MOTHER (city or town) Flora,
(State or country) Indiana.

14 Informant Mrs. Isabelle Salis
(Address) Fort Banks, Mass.

15 Filed [illegible], 1927
11—3184 REGISTRAR
Wm. B. Childs

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1927.

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1927, to April 17, 1927, that I last saw him alive on April 17, 1927, and that death occurred, on the date stated above, at 9:40 p. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease; Mitral insufficiency chronic, severe. duration unknown. Myocarditis chronic, Nephritis chronic, interstitial. Unknown (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Cardiac dilatation acute severe. (duration) ____ yrs. ____ mos. 20min. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. K. Turner, Capt. M. C. M. D.

4/18 1927 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
[illegible]ury
Winthrop, Winthrop, Mass.

DATE OF BURIAL
4/20 1927

20 UNDERTAKER
C. P. Bl[illegible]
Health Officer & Secretary

ADDRESS
[illegible]
4/20/27 T344

April 17. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

RM R-303

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

15,676

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop No. 120 Shore Drive St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Maus

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 120 Shore Drive Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 AGE	Years	Months	Days	If less than 1 day, ...hrs. or ....min.
57	67			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Ireland

PARENTS

9 NAME OF FATHER — Mc Farland

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER — Mc Gee

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant John Maus
(Address) 77 Pleasant St, Winthrop

14 Filed Apr 25 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 19, 1927
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes:
Cardio-vascular
disease -
(blood suddenly)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Geo. Burgess Magrath, M.D.
(Address)
Medical Examiner for Suffolk
Date April 20th 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holy Hood Brookline
(Cemetery) (City or town)

DATE OF BURIAL April 22/27
(Month) (Day) (Year)

19 UNDERTAKER W. J. Cassidy

ADDRESS Boston

20 Burial permit issued by [illegible] Official position [illegible] 21 Date of issue 4/22/27 Permit No. 1243

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

40M-12-24-No. 1170-4.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Annie Brand
April 19, 1927.

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 26 Bellevue St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Georgette H. Fiske
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 26 Bellevue ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a If ~~married, widowed or divorced~~ HUSBAND of (or) WIFE of: Aloys B Fiske

6 AGE: Years 82 Months 8 Days 21 IF LESS than 1 day, ...hrs. or ....min.

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer —

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER: Geo. McIntosh
10 BIRTHPLACE OF FATHER (City) Dover
(State or country) N.H.
11 MAIDEN NAME OF MOTHER: Hannah Bazin
12 BIRTHPLACE OF MOTHER (City) Dover
(State or country) N.H.

13 Informant: Mrs Florence A Fiske
(Address) 26 Bellevue ave Winthrop

14 Filed May 3/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April (Month) 21 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926, to April 21, 1927,
that I last saw her alive on April 21, 1927,
and that death occurred, on the date stated above, at 11 P.M. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular Heart Disease
Chronic Interstitial Nephritis
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Perinal Observation
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date April 23, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Everett Mass. (Cemetery) (City or town)
DATE OF BURIAL: 4/24/27

19 UNDERTAKER: Chas. R. [illegible]
ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Fillmore, M.D. Official position Health Officer Date of issue of permit 4/27/27 Permit No. 1246

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

April 21 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ..*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lowell
(City or town)

1 PLACE OF DEATH Registered No. 27
(Place of death)

County Middlesex State Mass. Registered No.
(Place of residence)

City or town Lowell No. Shaw Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn (Blaney)
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. Ft. Banks St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) Lowell,
(State or country) Mass.

PARENTS

9 NAME OF FATHER George
10 BIRTHPLACE OF FATHER (city or town) Dracutt
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Edith S. Erskine
12 BIRTHPLACE OF MOTHER (city or town) Lowell,
(State or country) Mass.

13 Informant Father
(Address) Winthrop

14 Filed April 5, 1927 [signature] Registrar of city or town where certificate is filed

Filed ____, 19 ____ Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 22, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__,

that I last saw h__ alive on ____, 19__,

and that death occurred, on the dated stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. W. Parker, M. D.

(Address) Lowell

Date April 24, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL

Forest Hills (Cemetery) Boston, (City or town) Mass. April 25, 1927

19 UNDERTAKER — ADDRESS

Geo. W. Healey Lowell

50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town) Registered No. 1162

1 PLACE OF DEATH
County Suffolk State Massachusetts

City or Town ~~Boston~~ Winthrop No. 56 Lincoln Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lavinia L. Willard Mrs Ahern
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 Lincoln Street St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Benjamin D. Willard

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	83			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Charlestown
(State or country) P. E. I.

PARENTS

9 NAME OF FATHER Peter Ahern

10 BIRTHPLACE OF FATHER (City) Charlestown
(State or country) P. E. I.

11 MAIDEN NAME OF MOTHER Ann. Foley

12 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) P. E. I.

13
Informant Daughter Mrs Silvester
(Address) 56 Lincoln St Winthrop

14
Filed May 3/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 24 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 2, 1927, to April 22, 1927,
that I last saw h alive on April 17, 1927,
and that death occurred, on the date stated above, at 4 a. m.
The CAUSE OF DEATH was as follows:

Myocarditis -
(duration) yrs 3 mos ds.
CONTRIBUTORY Senile dementia -
(SECONDARY)
(duration) 4 yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? No Date of
Was there an autopsy? No -
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) A. Willard Coy M. D.
(Address) 34 Princeton St Boston
Date April 24 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross, Malden
(Cemetery) (City or town)

DATE OF BURIAL April 24, 1927

19 UNDERTAKER Richard C Kirk
ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued William H Childress Official position agent Date of issue of permit April 24/27 Permit No. 1247

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-20M.
-200,000

April 22. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Dr Coy, Princeton Street

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 463 Winthrop St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A. Danahy
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 463 Winthrop St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Daniel J.

6 AGE Years: 63 Months: Days: IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Ireland

PARENTS

9 NAME OF FATHER: Martin O'Connor
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Natalie Perkins
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Frank Danahy
(Address): 463 Winthrop St

14 Filed May 3/27 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr. (Month) 26 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from March, 1927, to Apr 26, 1927,
that I last saw h[illegible] alive on Apr 26, 1927,
and that death occurred, on the date stated above, at 11:15 a m.
The CAUSE OF DEATH was as follows: (State fully)
Chronic interstitial nephritis.
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis
(duration) 3 yrs. mos. ds.

17 Where was disease contracted if not at place of death ✓
Did an operation precede death No For what
Date of operation ✓
Was there an autopsy No
What test confirmed diagnosis Lab + clinical
(Signed) A L Washington, M. D.
(Address) Winthrop, Mass
Date Apr 28-1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary (Cemetery) Boston (City or town) — DATE OF BURIAL: 4/29/27

19 UNDERTAKER: John F. O'Maley — ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm L. Calder Official Health Officer. Date of issue 7/28/27 Permit 1249

April 26 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winchester No. 82 College Pk Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Frances Bartlett
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 82 College Park Rd St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: J Rocco W Jacobs

6 AGE: Years 82 Months — Days — IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer: work daughter

8 BIRTHPLACE (City) (State or country): Manchester N. H. New Hampshire

PARENTS

9 NAME OF FATHER: unable to obtain

10 BIRTHPLACE OF FATHER (City) (State or country):

11 MAIDEN NAME OF MOTHER:

12 BIRTHPLACE OF MOTHER (City) (State or country):

13 Informant daughter - Mrs Grace B Jacobs
(Address) 82 College Park Rd

14 Filed May 3 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr (Month) 27 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 1 1927, to Apr 27 1927,
that I last saw h alive on Apr 27 1927,
and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH was as follows: (State fully)

Gen. Arteriosclerosis

Senility (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Oedema (duration) yrs. mos. 2 ds.

17 Where was disease contracted if not at place of death —

Did an operation precede death — For what —

Date of operation —

Was there an autopsy

What test confirmed diagnosis

(Signed) Richard Metcalf, M.D.
(Address) 114 Pleasant St
Date Apr 28/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winchester Cemetery Winchester (Cemetery) (City or town)
DATE OF BURIAL: 4/30/27

19 UNDERTAKER: C. T. Jones
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Chadwick Official position Health Officer Date of issue of permit 4/28/27 Permit No. 1245

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

April 21. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 4039 (Place of death)

Registered No. ____ (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. LITTLE SISTERS OF POOR St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN LIVINGSTONE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. ---------- St.

(Usual place of abode)

Length of residence in city or town where death occurred ____ years ____ months ____ days. How long in U. S., if of foreign birth? ____ years ____ months ____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of LYSHISIA

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	71			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED
(b) Name of employer

8 BIRTHPLACE (city or town) WESTCHESTER
(State or country) PENN.

PARENTS

9 NAME OF FATHER PATRICK LIVINGSTON

10 BIRTHPLACE OF FATHER (city or town) ____
(State or country) CANNOT BE LEARNED

11 MAIDEN NAME OF MOTHER JANE MC GEE

12 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) CANNOT BE LEARNED

13 Informant LITTLE SISTERS OF POOR
(Address) DUDLEY ST. ROXBURY

14 Filed MAY 3, 19 27 Edw M Glennen
Registrar of city or town where death occurred

Filed May 4, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH APRIL (Month) 29 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from MARSH 6, 19 23 to APRIL 29, 19 27, that I last saw h IM alive on APRIL 29, 19 27, and that death occurred, on the dated stated above, at 4 P m.

The CAUSE OF DEATH was as follows:

CHRONIC VALVULAR HEART DISEASE

(duration) 5 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ----------

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) W. P. MAGUIRE, M. D.

(Address) ____

Date APRIL 30, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (MT. BENEDICT) BOSTON (Cemetery) (City or town)

DATE OF BURIAL 5-2, 19 27

19 UNDERTAKER DAVID H. CURTIS

ADDRESS

24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . or . . . from the clerk of the town where the person died: . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 1162

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Boston Winthrop No. 163 Grover Avenue Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth D. Barlow

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 163 Grover Avenue, St., Ward. Winthrop

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of Richard Barlow

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	29			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) Name of employer

8 BIRTHPLACE (City) Somerville,

(State or country) Mass.

PARENTS

9 NAME OF FATHER Michael T. Donovan

10 BIRTHPLACE OF FATHER (City) Concord,

(State or country) New Hampshire

11 MAIDEN NAME OF MOTHER Julia Mitchell

12 BIRTHPLACE OF MOTHER (City)

(State or country) Ireland

13 Informant John Donovan

(Address) 163 Grover Avenue, Winthrop

14 Filed May 3/27 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 4 (Month) 29 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 4-2, 1927, to 4-29, 1927, that I last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Tuberculosis of Pulmonary

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of Lungs.

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No FOR WHAT? Date of —

Was there an autopsy? No

If under one year, was infant Breast Fed? .....

What test confirmed diagnosis?

(Signed) Harry A. Kelly, M. D.

(Address) 168 Mount Vernon St Winthrop

Date 4 (Month) 30 (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul Cemetery, Arlington (Cemetery) (City or town)

DATE OF BURIAL May 1, 1927

19 UNDERTAKER Richard C. Kelly

ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.

Official position Health Officer Date of issue of permit 4/30/27 Permit No. 1251

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-20M.
-200,000

Ruth D. Sarlois
April 29 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 42 Belcher St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude J. Kennedy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 42 Belcher St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of James J. Kennedy

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	35	1	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER John Shehan

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Cavanaugh

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant James J. Kennedy
(Address) 42 Belcher St

14 Filed May 3/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 12, 1927, to April 29, 1927, that I last saw her alive on April 27, 1927, and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH was as follows:

Carcinoma of breast (left).

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY ✓
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? ✓ FOR WHAT? Carcinoma of breast
Did an operation precede death? Yes Date of March 1926
Was there an autopsy? No
If under one year, was infant Breast Fed? ✓
What test confirmed diagnosis?

(Signed) Edmund J. [illegible], M. D.
(Address) 664 Bennington St. Boston
Date April 30, 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL May 2, 27

19 UNDERTAKER William A. Ireland ADDRESS 5-7 Sanatorium Ave East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childs 4-28 Official position Clerk of Board Date of issue of permit 4/30/27 Permit No. 1990

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

20M.
-200 000

April 29 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)
Registered No. 540 (Place of death)
Registered No. (Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass.

City or town Cambridge No. Charlesgate Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernest W. Turner
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. 104 Johnson Ave St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie L Leaman

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
43	11	11	

If STILLBORN, enter that fact here --

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Supt
(b) Name of employer Logan Johnson Co.

8 BIRTHPLACE (city or town) Brighton
(State or country) Mass.

PARENTS

9 NAME OF FATHER Frank P Turner

10 BIRTHPLACE OF FATHER (city or town) Dresden
(State or country) Maine

11 MAIDEN NAME OF MOTHER Mary C. D. Willard

12 BIRTHPLACE OF MOTHER (city or town) Kennebunk
(State or country) Maine

13 Informant Bessie L Turner (Widow)
(Address) 104 Johnson Ave. Winthrop

14 Filed Apr. 11, 19 27
Registrar of city or town where death occurred
Filed May 11, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr. 9 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from Apr. 2, 19 27, to Apr. 9, 19 27,
that I last saw him alive on Apr. 8, 19 27,
and that death occurred, on the dated stated above, at 4.35A m.
The CAUSE OF DEATH was as follows:

Embolism (Sudden
post operative
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) gall stones
(duration) 3 yrs. 4 mos. ds.

17 Where was disease contracted if not at place of death? at home
Did an operation precede death? yes Date of Apr. 7 27
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) Farrar Cobb, M. D.
(Address) 419 Boylston St.
Date April 9 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Evergreen Brighton
(Cemetery) (City or town)

DATE OF BURIAL Apr. 11, 27, 19

19 UNDERTAKER Leslie I. Williamson

ADDRESS Allston

50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 150 Circuit Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen June Gray
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 150 Circuit Rd St., Ward, 1
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Chas W. Gray

6 AGE Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
42	9	5	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Torquay
(State or country) England

PARENTS

9 NAME OF FATHER Farmer Spry
10 BIRTHPLACE OF FATHER (City) (State or country) England
11 MAIDEN NAME OF MOTHER Dont Know
12 BIRTHPLACE OF MOTHER (City) (State or country) England

13 Informant Son Norman Gray
(Address) 150 Circuit Rd Winthrop

14 Filed May 4 1927
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Mrs. Guildress D.S. Official position Health Officer Date of issue of permit 5/4/27 Permit No. 1252

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 1 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 7, 1927, to May 1, 1927
that I last saw her alive on May 1, 1927
and that death occurred, on the date stated above, at 11:50 P m.
The CAUSE OF DEATH was as follows: (State fully)

a Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(duration) 4 yrs. mos. ds.

17 Where was disease contracted if not at place of death ✓

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Lab. & Clinical

(Signed) R W Taylor, M. D.

(Address) Winthrop, Mass

Date May 4 - 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Mt Auburn Cemetery
(Cemetery) (City or town)

DATE OF BURIAL May 4 '27

19 UNDERTAKER Walter S. Wild

ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2 00,000. 9-26. NO. 6373

May 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended,*

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Massachusetts
City or Town WINTHROP No. 231 COURT ROAD WINTHROP. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LULIE S. UPHAM
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 231 COURT ROAD, St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE | 4 COLOR OR RACE WHITE | 5 MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5a If married, widowed or divorced HUSBAND of (or) WIFE of ALBERT N.

6 AGE Years 80 | Months | Days 21 | If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (City) (State or country) NORWICH, CONN.

PARENTS

9 NAME OF FATHER JAMES POWERS

10 BIRTHPLACE OF FATHER (City) (State or country) Lime Conn.

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

13 Informant Mrs April W. Forbush
(Address) 195 Church St. Newton

14 Filed 5/4/27 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 4 1927 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 4 (1pm) 1927, to May 4, 1927, that I last saw h[illegible] alive on May 4 (10 PM) 1927, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH was as follows:

Myocarditis

Fever (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

Fever (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No FOR WHAT? Date of

Was there an autopsy? No

If under one year, was Infant Breast Fed?

What test confirmed diagnosis? Clinical

(Signed) Ovette E. Johnson M. D.

(Address) 123 Washington St

Date May 4 - 1927 Norwich
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Norwich Norwich Falls Conn.
(Cemetery) (City or town)

DATE OF BURIAL May 9/27

19 UNDERTAKER [illegible] Waterman

ADDRESS 475 Commonwealth Ave Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cruickshank M. D.

Official position Health Officer Date of issue of permit 5/4/27 Permit No. 1253

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-20M-
3-200,000

May 4. 1917

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 4241 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. FENWAY HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EMMA ANDREWS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 92 WINTHROP St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	W.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of BEACHER

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) Name of employer

8 BIRTHPLACE (city or town) WOBURN
(State or country) MASS.

PARENTS

9 NAME OF FATHER OTIS BUCKMAN

10 BIRTHPLACE OF FATHER (city or town) WOBURN
(State or country) MASS.

11 MAIDEN NAME OF MOTHER LYDIA QUINT

12 BIRTHPLACE OF MOTHER (city or town) CONWAY
(State or country) N. H.

13 Informant Daughter MOTHER
(Address) 96 WINTHROP ST. WINTHROP

14 Filed MAY 9, 19 27 Edwin Glenen
Registrar of city or town where death occurred

Filed May 23, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 6 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from DECEMBER, 19 23 to MAY 6, 19 27, that I last saw h ER alive on MAY 6, 19 27, and that death occurred, on the dated stated above, at 7 P m.

The CAUSE OF DEATH was as follows:

CARCINOMA OF COLON

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ----------

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) WILLIAM E. PREBLE, M. D.

(Address)

Date MAY 6, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WINTHROP) WINTHROP (Cemetery) (City or town)

DATE OF BURIAL 5-9, 19 27

19 UNDERTAKER KELLEY MAWER

ADDRESS

24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14—50,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

Registered No. 4451 (Place of death)

County Suffolk State Massachusetts

Registered No. (Place of residence)

City or town Boston No. SALVATION ARMY HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DOROTHY STEINMETZ

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 16 SEA FOAM AVE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS

PARENTS

9 NAME OF FATHER JULIUS

10 BIRTHPLACE OF FATHER (city or town)
(State or country) HUNGARY

11 MAIDEN NAME OF MOTHER NORMAN SCORD

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) RUSSIA

13 Informant FATHER
(Address) 16 SEA FOAM AVE.

14 Filed MAY 16, 1927 E W McGlenen
Registrar of city or town where death occurred

Filed May 23, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 12 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAY 5, 1927 to MAY 12, 1927,

that I last saw h ER alive on MAY 12, 1927,

and that death occurred, on the dated stated above, at ____ m.

The CAUSE OF DEATH was as follows:

HEMORRHAGIC DISEASE OF NEW BORN

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) PREMATURITY

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ABRAHAM S. TROUPIN, M. D.

(Address)

Date MAY 12, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (BETH ISRAEL) EVERETT
(Cemetery) (City or town)

DATE OF BURIAL 5-13, 1927

19 UNDERTAKER MAYER SOLOMON & SONS

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 90 Atlantic Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marion Tewksbury Olsen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 90 Atlantic St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 72 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of John A. Olsen

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	1	0	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

9 NAME OF FATHER Lorenzo C. Tewksbury

10 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Massachusetts

11 MAIDEN NAME OF MOTHER Almira Floyd

12 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Massachusetts

13 Informant Mr Alfred Tewksbury
(Address) 78 Atlantic St Winthrop

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Culdrey

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 12 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July, 1923, to May 12, 1927, that I last saw her alive on May 10, 1927, and that death occurred, on the date stated above, at 8.4 m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Indefinite (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? Urinary

(Signed) Fenwick Rogers, M. D.
(Address) 24 Marion
Date May 13 1927 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop - Winthrop (Cemetery) (City or town) DATE OF BURIAL May 16 27

19 UNDERTAKER Young & Margeson ADDRESS Winthrop

Official position Walker Office Date of issue of permit 5/17/27 Permit NO. 1234

May 12, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. ~~1162~~

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town ~~Boston~~ Winthrop No. 68 Hermon Street St. 1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Paschal

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 68 Hermon Street St. Winthrop Ward.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 68 years months days. How long in U. S., if of foreign birth? 45 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Catherine McKinnon

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired, Captain
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Nova Scotia.

PARENTS

9 NAME OF FATHER Michael Paschal

10 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Mary (Unknown)

12 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

13 Informant Mrs. Fernand J. Boisson
(Address) 68 Hermon Street, Winthrop

14 Filed May 23/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 5 (Month) 13 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 5-11, 1927, to 5-13, 1927, that I last saw h~~im~~ alive on 5-13, 1927, and that death occurred, on the date stated above, at 1.30 ~~P~~ A m.

The CAUSE OF DEATH was as follows:

1 Pneumonia (Lobar)

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Endocarditis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed) Harry Affleck, M. D.

(Address) 2nd Pl Chelsea

Date 5 (Month) 14 (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Cemetery (Cemetery) (City or town)

DATE OF BURIAL 5/16/27

19 UNDERTAKER Richard C. Kirby

ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childers

Official position Health Officer

Date of issue of permit 5/16, 1927 Permit No. 1253

9.3.9.

8-20M.
23-200,000

May 13. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Kelley, Washington Avenue, Winthrop

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

Registered No. 259 (Place of death)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. (Place of residence)

City or town Chelsea No. Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Rose Irvine Innes

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 51a Harbor View Av.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

5a If married, widowed, or divorced
Name of {HUSBAND (or) WIFE} Rev. A. Irvine Innes

6 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) England

PARENTS

9 NAME OF FATHER Harry Talbot

10 BIRTHPLACE OF FATHER (city or town)
(State or country) England

11 MAIDEN NAME OF MOTHER Mary (cannot be learned)

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

13 Informant Rev. A. Irvine Innes
(Address) 51 Harbor View Av., Winthrop

14 Filed May 15, 1927 Richard A. Talbot
Registrar of city or town where death occurred

Filed June 6, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 15, 1927 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 13, 1927, to May 15, 1927,

that I last saw her alive on May 15, 1927,

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH was as follows: (State fully)

Cerebral hemorrhage.
Senility-Art. Sclerosis.
(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (SECONDARY) Pulmonary Oedema
(duration) yrs. mos. 30 ds. min.

17 Where was disease contracted if not at place of death 51a Harbor View Av. Winthrop

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Richard Metcalf, M. D.

(Address) 114 Pleasant St.,

Date May 15, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop, Winthrop
(Cemetery) (City or town)

DATE OF BURIAL May 17, 1927

19 UNDERTAKER C. R. Bennison

ADDRESS Winthrop

No. 4312

May 15. 1921.

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2 00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop (City or town) No. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Jeannette Elliott
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 218 Court Road St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of William Frederick Elliott

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	68	X	X	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Raymond.
(State or country) New Hampshire

PARENTS

9 NAME OF FATHER William G. Ladd
10 BIRTHPLACE OF FATHER (City) Deerfield.
(State or country) New Hampshire
11 MAIDEN NAME OF MOTHER Lucinda Lang
12 BIRTHPLACE OF MOTHER (City) Candia.
(State or country) New Hampshire

13 Informant Benjamin Lang.
(Address) Candia, N.H.

14 Filed 11/23/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. S. Childress M.D. Official position Health Officer Date of issue of permit 5/18/27 Permit No. 1256

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 17 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1926 to May 17, 1927,
that I last saw h alive on May 17, 1927,
and that death occurred, on the date stated above, at 6.05 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Cerebral Hemorrhage
Mitral Stenosis - Decompensation

(duration) yrs. mos. 5 hrs ds.

CONTRIBUTORY (Secondary) Cerebral Oedema

(duration) yrs. mos. 30 min ds.

17 Where was disease contracted if not at place of death Known

Did an operation precede death — For what —

Date of operation —

Was there an autopsy —

What test confirmed diagnosis

(Signed) Richard Metcalf, M. D.
(Address) 114 Pleasant St.
Date May 18/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Raymond (Cemetery) Raymond (City or town) N.H. May 19, 1927

19 UNDERTAKER Charles R Bennett ADDRESS Winthrop

May 17, 1921.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

-XM

-23-200,000

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County ~~Suffolk~~ State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 207 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gerald B. Gilbert
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 207 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 25 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Flora I.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	7	26	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) England
(State or country)

PARENTS

9 NAME OF FATHER Samuel B. Gilbert

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Ellen Kendall

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant Flora I. Gilbert
(Address) Winthrop Mass

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 18 27
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to May 18, 1927, that I last saw him alive on May 18, 1927, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:
Carcinoma of Stomach

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Diabetis mellitus

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —
FOR WHAT?
Did an operation precede death? ___ Date of ___
Was there an autopsy? ___
If under one year, was infant Breast Fed?
What test confirmed diagnosis? ___

(Signed) J. Parker Whitney, M. D.
(Address) 1 Pleasant St
Date May 19 27
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL May 21, 27

19 UNDERTAKER C. A. Rollins.

ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cheldress

Official position Health Officer Date of issue of permit 5/19/27 Permit No. 1257

May 18. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret E. Callahan
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 166 Bowdoin St. St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Henry

6 AGE: Years 54 Months Days IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) Name of employer

8 BIRTHPLACE (City)
(State or country): Ireland

PARENTS

9 NAME OF FATHER: James Rice

10 BIRTHPLACE OF FATHER (City)
(State or country): Ireland

11 MAIDEN NAME OF MOTHER: Celia Burns

12 BIRTHPLACE OF MOTHER (City)
(State or country): Ireland

13 Informant: Henry Callahan
(Address): 166 Bowdoin St.

14 Filed May 23/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month) May (Day) 19 (Year) 27

16 I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 19, 1927
that I last saw h-- alive on May 19, 1927
and that death occurred, on the date stated above, at 10:45 m.
The CAUSE OF DEATH was as follows: (State fully)

Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholelithiasis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death Yes For what Cholelithiasis

Date of operation 5/17/27

Was there an autopsy

What test confirmed diagnosis

(Signed) Thomas A. Leary, M. D.

(Address) 240 Pleasant St

Date 5/19/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL
May 21
1927

19 UNDERTAKER John F. O'Malley

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childs 9.B.9. Official position Health Officer Date of issue 6/20/27 Permit No. 125-8

May 19. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-305

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

State Infirmary, Lowell, Mass.
(City or Town)

1 PLACE OF DEATH

County Middlesex State Mass. Registered No. (Place of death) Registered No. 199 (Place of residence)

City or Town Lowell, Mass. No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabella Jones
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. State Infirmary St., Ward. Lowell
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 years 1 months 18 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jones

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	10	6	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housework

(b) Name of employer

9 BIRTHPLACE (city or town) Cape Breton
(State or country) Nova Scotia

PARENTS

10 NAME OF FATHER John MacLellan

11 BIRTHPLACE OF FATHER (city or town) Not learned
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Catherine Mackenzie

13 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) Scotland

14 Informant Cynthia Records
(Address)

15 Filed May 22, 1927
Registrar of city or town where death occurred

Filed May 23, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 21, 1927
(Month) (Day) (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Arteriosclerosis--fracture of the right humerus caused by an accidental fall from bed

(See reverse side for additional space)

18 Where was injury sustained if not at place of death? State Infirmary

(Signed) Marshall L. Allin, M.D.

(Address) Lowell, Mass.

Medical Examiner for 5th Middlesex District

Date May 22, 1927
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Hope Boston	May 24/27 (Month) (Day) (Year)
20 UNDERTAKER J. C. Waterman & Sons	ADDRESS Boston

21 Burial permit issued by
Official position

22 Date of issue May 23, 1927

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician and the date of his death. . . . — *Revised Laws Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 68 Sunnyside Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Mildred Silva
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 68 Sunnyside Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2 00.000. 9-26. NO. 6373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of: Anthony
6 AGE Years: 45 Months: Days: IF LESS than 1 day,.....hrs. or.....min.
IF STILLBORN, enter that fact here:
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) Name of employer:
8 BIRTHPLACE (City): Boston Mass
(State or country)

PARENTS
9 NAME OF FATHER: Antonio Corinha
10 BIRTHPLACE OF FATHER (City): Azores
(State or country)
11 MAIDEN NAME OF MOTHER: Rosa Clara
12 BIRTHPLACE OF MOTHER (City): Azores
(State or country)

13 Informant: Anthony Silva
(Address) 68 Sunnyside Ave

14 Filed May 27/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 24 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 6, 1927, to May 24, 1927,
that I last saw her alive on May 16, 1927,
and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH was as follows: (State fully)

Cardio-Renal

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Mitral Stenosis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death no
Did an operation precede death no For what
Date of operation none
Was there an autopsy no
What test confirmed diagnosis Clinical & Laboratory
(Signed) Jacob Sheaman M. D.
(Address) 562 Shirley Street, Winthrop
Date May 24, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden (Cemetery) (City or town)
DATE OF BURIAL: 5/27/27

19 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childs M.D.
Official position: Health Officer
Date of issue of permit: 5/27/27 Permit No. 1209

May 24, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Revised October

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston Winthrop No. Winthrop Commons St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby) Water
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 56 State Rd. Ward. Beachmont
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE — Years — Months — Days — If LESS than 1 day, — hrs. or 5 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

9 NAME OF FATHER Benjamin Water
10 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)
11 MAIDEN NAME OF MOTHER Beckie Guss
12 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)

13 Informant Benj. Water
(Address) 56 State Rd. Beachmont

14 Filed May 27/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 25 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
—— 19—, to —— 19—,
that I last saw h— alive on May. 25, 1927,
and that death occurred, on the date stated above, at —— m.

The CAUSE OF DEATH was as follows:
Congenital Heart

(duration) —yrs.—mos.—ds.

CONTRIBUTORY
(SECONDARY)
(duration) —yrs.—mos.—ds

17 Where was disease contracted if not at place of death?
FOR WHAT?
Did an operation precede death? Date of
Was there an autopsy?
If under one year, was infant Breast fed?
What test confirmed diagnosis?

(Signed) Louis Guss M. D.
(Address) 72 Blinn
Date May 25 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt. of Comf. Funeral Cem.
(Cemetery) (City or town)
DATE OF BURIAL MAY 28 1927

19 UNDERTAKER Manuel Stanley
ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Health Officer
Date of issue of permit 5/26/27
Permit No. 1260

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

May 25 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
~~City or~~ Town Winthrop No. 225 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Sargent Tewksbury
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 225 Pleasant St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~} Mabel F. Tewksbury

6 AGE Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
62	3	—	

IF STILLBORN, enter that fact here — —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Grocer Buyer
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles H. S. Tewksbury
10 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass
11 MAIDEN NAME OF MOTHER Maria Sandleton
12 BIRTHPLACE OF MOTHER (City) Northport
(State or country) Maine

13 Informant Wife Mabel F. Tewksbury
(Address) 225 Pleasant St Winthrop Mass

14 Filed June 11 1927
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Agent Date of issue of permit 5/27/27 Permit No. 1261

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May (Month) 27 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan, 1927, to date, 19...,
that I last saw h in alive on May 26, 1927
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH was as follows: (State fully)
Arteriosclerosis, Angina Pectoris,
oedema of Lungs.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) as above
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death 225 Pleasant St.
Did an operation precede death no For what
Date of operation
Was there an autopsy no
What test confirmed diagnosis Physical examination
(Signed) W. A. Morrison, M. D.
(Address) 60 Princeton St.
Date May 27 - 27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Cemetery (Cemetery) (City or town)
DATE OF BURIAL May 29/27

19 UNDERTAKER Walter E. White
ADDRESS Winthrop Mass

May 27, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 63 Summit Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Barter Mulvey
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 63 Summit Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of: Peter Mulvey
6 AGE Years: 76 Months: Days: IF LESS than 1 day, hrs. or min.
IF STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: At Home
(b) Name of employer
8 BIRTHPLACE (City) Boston Mass (State or country)

PARENTS
9 NAME OF FATHER: Timothy Ahern
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Elizabeth Fitzgerald
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Timothy J. Barter
(Address) 63 Summit Ave

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Sullivan Official position Health Officer Date of issue of permit 6/11/27 Permit No. 1262

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY (Month) 31 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 1, 1927 to May 31, 1927,
that I last saw her alive on May 24, 1927
and that death occurred, on the date stated above, at 1.30 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Cerebral Haemorrhage.
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio sclerosis.
(duration) ? yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis
(Signed) Edward J. Granger, M. D.
(Address) 49 Bartlett St
Date May 31. 27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary (Cemetery) Boston (City or town) DATE OF BURIAL: 6/2/27

19 UNDERTAKER: John F. O'Malley ADDRESS: Winthrop

(May 31, 1927)

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town)

Registered No. 805 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Middlesex State Mass.

City or town Cambridge No. Holy Ghost Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John MacFadden

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 44 Locust St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie ------

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
86	--	--	

If STILLBORN, enter that fact here --

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer --

8 BIRTHPLACE (city or town) --
(State or country) Nova Scotia

PARENTS

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (city or town) --
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (city or town) --
(State or country) Scotland

13 Informant Annie E. Holmes (Granddaughter)
(Address) 44 Locust St. Winthrop

14 Filed June 1 ,19 27
Registrar of city or town where death occurred

Filed June 13, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 30 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 1 ,19 27 to May 30 ,19 27,
that I last saw h im alive on May 30 ,19 27,
and that death occurred, on the dated stated above, at 12 m.
The CAUSE OF DEATH was as follows:
Chronic Myocarditis

(duration) - yrs. mos. ds.

CONTRIBUTORY (SECONDARY) -
(duration) - yrs. mos. ds.

17 Where was disease contracted if not at place of death? -
Did an operation precede death? - Date of
Was there an autopsy? -
What test confirmed diagnosis? -

(Signed) Daniel MacKillop , M. D.
(Address) 381 Broadway Cambridge
Date May 30,1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cem. Winthrop
(Cemetery) (City or town)

DATE OF BURIAL June 1 1927 ,19

19 UNDERTAKER C. R. Bennison

ADDRESS Winthrop

50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. .or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. (City or town)
~~City or~~ Town Winthrop No. ~~36~~ Sturgis St., 3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Plato Taschioglou Winthrop Community Hosp
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Sturgis St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, 24 hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Prothromos Taschioglou

10 BIRTHPLACE OF FATHER (City) Constantinople
(State or country) Turkey

11 MAIDEN NAME OF MOTHER Despina Petridis

12 BIRTHPLACE OF MOTHER (City) Constantinople
(State or country) Turkey

13 Informant Father R. Taschioglou
(Address) 16 Sturgis St Winthrop Mass

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 1 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 31, 1927, to June 1, 1927, that I last saw him alive on June 1, 1927, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Six and one half months baby - lived 2 days.

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Flanagan M. D.
(Address) 7 Irving St. Winthrop
Date June 4 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery Winthrop
(Cemetery) (City or town)
DATE OF BURIAL 6/8/27

19 UNDERTAKER Walter T. White
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Puildress
Official position Records Officer Date of issue of permit 6/7/27 Permit NO. 1267

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

June 1, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 304 Winthrop St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Louise Harvey
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 304 Winthrop St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Charles J.

6 AGE Years: 71 Months: Days: IF LESS than 1 day, ... hrs. or ..... min.
IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer:

8 BIRTHPLACE (City): Waltham
(State or country): Mass

PARENTS

9 NAME OF FATHER: Patrick Lannigan
10 BIRTHPLACE OF FATHER (City): Ireland
(State or country)

11 MAIDEN NAME OF MOTHER: Hanora Magrane
12 BIRTHPLACE OF MOTHER (City): Ireland
(State or country)

13 Informant: John Harvey
(Address): 304 Winthrop St

14 Filed 6 3 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 6 (Month) 3 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 6, 1926, to 6-3, 1927
that I last saw her alive on 6-3, 1927,
and that death occurred, on the date stated above, at 9.30 a. m.
The CAUSE OF DEATH was as follows: (State fully)
Cerebral Hemorrhage
(duration) yrs. 6 mos. dc.
CONTRIBUTORY (Secondary) Carcinoma of Liver
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis
(Signed) Harry A. Kelly, M. D.
(Address) 200 Pleasant St
Date 6/3/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Waltham (Cemetery) (City or town)
DATE OF BURIAL: 6/5/27

19 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childers (Official position) Health Officer Date of issue of permit 6/4/27 Permit No. 1263.
9.B.9.

June 3. 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 210 Winthrop St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Priscilla Griffin.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 210 Winthrop St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 73 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Sidney H. Griffin.

6 AGE — Years: 91 Months: 9 Days: X IF LESS than 1 day, ...hrs. or .. min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) Name of employer:

8 BIRTHPLACE (City) (State or country): Chatham. Massachusetts.

PARENTS

9 NAME OF FATHER: Elisha Cumbar Ryder.
10 BIRTHPLACE OF FATHER (City): Chatham.
(State or country): Massachusetts.
11 MAIDEN NAME OF MOTHER: Susannah Kelly
12 BIRTHPLACE OF MOTHER (City): Chatham.
(State or country): Massachusetts.

13 Informant: E. Ernest Griffin.
(Address): Same.

14 Filed June 6 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 4 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan, 1926 to June 4, 1927
that I last saw her alive on June 4, 1927
and that death occurred, on the date stated above, at 12.40 P m.
The CAUSE OF DEATH was as follows: (State fully)

Bronchial Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Senile Dementia

(duration) 3 yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) Horace J Soule, M. D.
(Address) 180 Winthrop St Winthrop Mass
Date June 6 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL 6/7/27

19 UNDERTAKER ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. A. Childress Official position Health Officer Date of issue 6/6/27 Permit No. 1265

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2.00.000. 9-26. NO. 6373

June 4 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 66 Walderman Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth A Bates
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 66 Walderman Ave Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John Bates

6 AGE: Years 87 | Months 3 | Days 23 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): New Hampshire

PARENTS

9 NAME OF FATHER: William Grant

10 BIRTHPLACE OF FATHER (City) (State or country): New Hampshire

11 MAIDEN NAME OF MOTHER: Mary Clifford

12 BIRTHPLACE OF MOTHER (City) (State or country): New Hampshire

13 Informant: Frank Gurney
(Address): E. Boston

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress M.D.
Official position: Health Officer Date of issue of permit: 6/6/27 Permit No. 1267

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: June (Month) 6 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to June 4, 1927, that I last saw ___ alive on June 4, 1927 and that death occurred, on the date stated above, at 7-30 P. m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia
(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? No

Did an operation precede death? ___ FOR WHAT? ___ Date of ___

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Edward J. Granger, M. D.
(Address) 7 Irwin St.
Date June 6 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Everett (Cemetery) (City or town) DATE OF BURIAL: June 7, 27

19 UNDERTAKER: C. A. Rollins ADDRESS: E. Boston

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

XM
0-200,000

June 4. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine S. Lythgoe
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 42 Harbor View Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frederick B

6 AGE Years	Months	Days	IF LESS than 1 day, hrs. or min.
37	11	26	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Somerville Mass
(State or country)

PARENTS

9 NAME OF FATHER George Smith
10 BIRTHPLACE OF FATHER (City) Germany
(State or country)
11 MAIDEN NAME OF MOTHER Catherine Zommer
12 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

13 Informant Frederick B. Lythgoe
(Address) 42 Harbor View Ave

14 Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Agent Date of issue of permit 6/7/27 Permit No. 1266

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June (Month) 7 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925, to June 7, 1927
that I last saw her alive on June 7, 1927
and that death occurred, on the date stated above, at 7:45 A m.
The CAUSE OF DEATH was as follows: (State fully)
Surgical Shock - following Hysterectomy.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death ✓
Did an operation precede death yes For what Hysterectomy Fibroid
Date of operation June 4-1927
Was there an autopsy no
What test confirmed diagnosis clinical.
(Signed) C. F. Wharton, M. D.
(Address) 15 Lowell St - South Braintree
Date June 7-1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Cambridge (Cemetery) Cambridge (City or town) June 10-27

19 UNDERTAKER Frank E. Brown ADDRESS 341 Boston

June 7, 1920

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ..*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town) Registered No.
City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Naedele
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 37 Floyd St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of —

6 AGE — Years: — Months: — Days: — IF LESS than ~~1 day~~, ~~1~~ hrs. or ..... min.

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Theodore G. Naedele
10 BIRTHPLACE OF FATHER (City) Hartford
(State or country) Conn.
11 MAIDEN NAME OF MOTHER Viola G. Gruninger
12 BIRTHPLACE OF MOTHER (City) Hartford
(State or country) Conn

13 Informant Theodore G. Naedele
(Address) 37 Floyd St. Winthrop

14 Filed [illegible] 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 8 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 8, 1927, to June 8, 1927,
that I last saw him alive on June 8, 1927,
and that death occurred, on the date stated above, at 7:30 A m.
The CAUSE OF DEATH was as follows: (State fully)

Premature Birth (7 mos)
Atelectasis 3 hours
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Prenatal Obsertrix
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date June 8 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Hill (Cemetery) Hartford Conn. (City or town) | DATE OF BURIAL: June 9/27

19 UNDERTAKER: C. R. Bennison | ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Coolidge Official position Health Officer Date of issue of permit 6/9/27 Permit No. 1268

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No.
Township Winthrop or Village or
City No. Hospital, Fort Banks, Mass. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Sloper

(a) Residence. No. Fort Duvall, Mass. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Cpl. Leon Sloper

6 DATE OF BIRTH (month, day, and year) September 9, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	39	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Dayton
(State or country) Ohio

PARENTS

10 NAME OF FATHER Mr Charles Fay

11 BIRTHPLACE OF FATHER (city or town) Westboro
(State or country) Mass

12 MAIDEN NAME OF MOTHER Asenith Thompson

13 BIRTHPLACE OF MOTHER (city or town) Haverhill
(State or country) Mass

14 Informant Charles E. Fay (Brother in Law.
(Address) Fort Duvall, Mass.

15 Filed June 21, 1927
REGISTRAR
11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1927

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to June 18, 1927, that I last saw her alive on June 18th, 1927, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) 2 hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1. Ovarian cyst. 2. Right salpingit is, chronic, suppurative. 3. Myocarditis, chronic. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes. Date of June 15, 1927

Was there an autopsy? No.

What test confirmed diagnosis? Exploratory operation.

(Signed) W. K. Turner, Captain, Med. Corps, M. D.
, 19 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Duxbury	June 21, 1927
20 UNDERTAKER	ADDRESS
Geo. H. Downing	Hingham

Wm. S. Childress, Health Officer 6/18/27 1769

V. S. No. 68

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

June 18. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ---------- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

R-305

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Age should be carefully supplied. Age should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Hull
(City or Town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH

County Plumouth State Mass. Registered No. 14 (Place of death) Registered No. (Place of residence)

City or Town Hull No. 34 Wyola Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A. Walton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St., Ward. Winthrop Mass.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	2	4	

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED Porter

(a) Trade, profession, or particular kind of work

(b) Name of employer Gilchrist Co. Boston

9 BIRTHPLACE (city or town) Livermore Falls
(State or country) Maine

PARENTS

10 NAME OF FATHER William Walton

11 BIRTHPLACE OF FATHER (city or town) Livermore Falls
(State or country) Maine

12 MAIDEN NAME OF MOTHER Mary Walton

13 BIRTHPLACE OF MOTHER (city or town) Livermore Falls
(State or country) Maine

14 Informant Agnes Chellis
(Address) 34 Wyola Road Nantasket

15 Filed July 12 1927 (Clarence K. Rose)
Registrar of city or town where death occurred
Filed July 14, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21, 1927
(Month) (Day) (Year)

17 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause

Probably organic heart disease

Dropped dead on way to Boat

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?

(Signed) J. B. Peterson, M.D.

(Address) Hingham Centre

Medical Examiner for 5th Plymouth

Date June 21, 1927
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL (Month) (Day) (Year)
Winthrop Winthrop	

20 UNDERTAKER	ADDRESS
C. R. Bennison	Winthrop

21 Burial permit issued by F. P. Richardson

Official position Clerk B of H.

22 Date of issue June 21, 1927

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. **If death is caused by violence, the medical examiner only shall make such certificate.** . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

June 21, 1927

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Winthrop~~ ~~Boston~~ No. 53 Waldemar Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary B. Mc Carthy
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 53 Waldemar Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of William M. Mc Carthy

6 AGE 30 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

9 NAME OF FATHER William J. Anderson
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.
11 MAIDEN NAME OF MOTHER Margaret E. Foley
12 BIRTHPLACE OF MOTHER (City) Gouverneur
(State or country) Mass.

13 Informant William M. Carthy
(Address) 53 Waldemar Ave

14 Filed July 7/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 6 28 27
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 6-18-27, to 6-28-27, that I last saw h-e alive on 6-28-27, and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF ~~DEATH~~ was as follows:

Toxemia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Unrecorded Lobar Pneumonia

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

If under one year, was infant Breast Fed? .....

What test confirmed diagnosis? —

(Signed) Stanley G. Ridley M. D.
(Address) 2nd & Newcastle
Date 6 (Month) 28 (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (Cemetery) (City or town) DATE OF BURIAL June 30, 1927

19 UNDERTAKER David L. Foley ADDRESS 135 Maverick St E Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress Official position Health Officer Date of issue of permit 6/28/27 Permit NO. 1270

7-8

June 28. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk, State Registered No.
City or Town Winthrop No. Winthrop Community Hosp St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Craige
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2 Highland Ave, St., Ward. 1,
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Gibson Craige
10 BIRTHPLACE OF FATHER (City) Hartford
(State or country) Conn.
11 MAIDEN NAME OF MOTHER Elizabeth Simpson
12 BIRTHPLACE OF MOTHER (City) Providence
(State or country) R. I.

13
Informant Father Gibson Craige
(Address) #2 Highland Ave Winthrop Mass

14
Filed July 7/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 30 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
~~born~~ ^ born
_____, 19__, to _____, 19__,
that I ~~last~~ saw her alive on _____, 19__,
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows:

ST ileus

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Peritoneal Exploration

(Signed) Ray B Parker, M. D.
(Address) Winthrop Mass
Date July 2 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Cemetery (Cemetery) (City or town)
DATE OF BURIAL: July 5 '27

19 UNDERTAKER: Walter T. White. Winthrop
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress
Official position Medical Officer
Date of issue of permit 7/5/27
Permit NO. 1274

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

June 30, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 100 Cuunit Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles William Pennington
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 100 Cuunit Rd Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 30 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~: Mable A. Pennington

6 AGE: Years 61 Months 2 Days IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER: John F. Pennington
10 BIRTHPLACE OF FATHER (City) Portsmouth
(State or country) Eng
11 MAIDEN NAME OF MOTHER: Adaline E. Hodge
12 BIRTHPLACE OF MOTHER (City) Portsmouth
(State or country) N.H

13 Informant Mable A. Pennington
(Address) 100 Cuunit Rd Winthrop

14 Filed July 7 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH ~~July~~ June 28 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 28, 1927, to July 1st, 1927, that I last saw him alive on July 1, 1927, and that death occurred, on the date stated above, at 5-30 P m.
The CAUSE OF DEATH was as follows: (State fully)

Hemiplegia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

Senile (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Clinical

(Signed) Dwight E. Johnson M. D.

(Address) 423 Washington St

Date July 2 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: July 3/27

19 UNDERTAKER: C. R. Benson
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Childress
Official position Seattle Officer
Date of issue 7/3/27
Permit No. 1271

July 1, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. , 21 Pleasant Park Road, St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Austin E. McCormack
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 21 Pleasant Park Road St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Born Kirby Anastacia E. McCormack

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS

9 NAME OF FATHER John McCormack

10 BIRTHPLACE OF FATHER (City) (State or country) Prince Edward Island Canada

11 MAIDEN NAME OF MOTHER Catherine (unknown

12 BIRTHPLACE OF MOTHER (City) (State or country) Prince Edward Island, Canada

13 Informant Mary McCormack
(Address) 21 Pleasant Park Road

14 Filed: July 7/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 2 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, that I attended deceased from Sept 1, 1926, to July 2, 1927, that I last saw h— alive on June 30, 1927 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH was as follows:
Carcinoma of stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? FOR WHAT
Did an operation precede death? Date of Feb 1927
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Reynolds Gately, M. D.
(Address) 6 Bennington
Date July 2 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Malden (Cemetery) (City or town) — DATE OF BURIAL: July 4, 1927

19 UNDERTAKER — ADDRESS: East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm D. Childress Official position Agent Date of issue of permit July 4th 27 Permit NO. 1273

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662-3

July 2. 1927.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Dr. Catley, Kenington Street, East Boston

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or...from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

15793

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop; Ingalls Park (or ambulance) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Joseph Jessop

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 37 Dolphin Ave Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Jessop

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or .... min.
	63-6			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS

9 NAME OF FATHER John J. Jessop

10 BIRTHPLACE OF FATHER (City) Boston.
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Ann Keenan

12 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass.

13 Informant Mary E. Keenan (Wife)
(Address) 37 Dolphin Ave; Winthrop Mass.

14 Filed July 7/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 2, 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Presumably Cardio-vascular disease

(Died Suddenly while playing ball)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) [signature] M.D.

(Address)

Medical Examiner for Suffolk

Date July 2 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Camb. Camb.
(Cemetery) (City or town)

DATE OF BURIAL 7/5/27
(Month) (Day) (Year)

19 UNDERTAKER Joseph H. Ricker

ADDRESS Camb.

20 Burial permit issued by Wm O. Childress Official position Health Officer

21 Date of issue July 2nd 27 Permit No. 1272

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

John J. Joseph
July 2, 1927

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lynn (City or town)

1 PLACE OF DEATH Registered No. 740 (Place of death)

County Essex State Mass. Registered No. (Place of residence)

City or town Lynn No. Union Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Blanche Annette Winslow

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 81 Lincoln St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
42	2	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School teacher
(b) Name of employer:

8 BIRTHPLACE (city or town) Lee,
(State or country) Mass.

PARENTS

9 NAME OF FATHER: William H. Winslow

10 BIRTHPLACE OF FATHER (city or town) Fairfield,
(State or country) Me.

11 MAIDEN NAME OF MOTHER: Esther E. Fiske

12 BIRTHPLACE OF MOTHER (city or town) Providence,
(State or country) R. I.

13 Informant Marjorie P. French
(Address) 81 Lincoln St., Winthrop.

14 Filed Aug. 6 1927
Registrar of city or town where death occurred

Filed Aug 18, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 2, 1927 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 26, 1927, to July 1, 1927, that I last saw her alive on July 1, 1927, and that death occurred, on the dated stated above, at 4 p. m.

The CAUSE OF DEATH was as follows:

Fiberoid tumors multiple of uterus with ovarian cyst

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Cardiac dilatation

(duration) yrs. mos. da.

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-26-27 (Hysterectomy)

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Gustave Hartman, M. D.

(Address) 177 No. Common St., Lynn

Date --- ---

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Providence, R. I.
(Cemetery) (City or town)

DATE OF BURIAL July 3/27

19 UNDERTAKER C.R. Bennerson

ADDRESS Winthrop

R. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Wollcott
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Thornton St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 50 years months days. How long in U. S., if of foreign birth? 50 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: W Frederick F. Wollcott

6 AGE: Years 61 Months 6 Days 3 IF LESS than 1 day, ...hrs. or ....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) Name of employer

8 BIRTHPLACE (City) London
(State or country) England

PARENTS

9 NAME OF FATHER: George Wilder
10 BIRTHPLACE OF FATHER (City)
(State or country) England

11 MAIDEN NAME OF MOTHER: Margaret Barker
12 BIRTHPLACE OF MOTHER (City)
(State or country) England

13 Informant: Winifred W. Prescott
(Address) 15 Thornton St.

14 Filed 1/4 7/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Chaldress M.D. Official position Health Officer Date of issue of permit 1/5/27 Permit No. 1275

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 4 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to July 3 1927
that I last saw h[illegible] alive on July 3 1927
and that death occurred, on the date stated above, at 1 a. m.
The CAUSE OF DEATH was as follows: (State fully)
Cerebral hemorrhage
accident.
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Intoxications
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Clinical findings
(Signed) W. W. Loughlin, M. D.
(Address) Winthrop Mass
Date July 4-1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL July 6th 1927
ADDRESS

19 UNDERTAKER
O. P. Bannister

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2.00.000. 9-26. NO. 6373

July 4. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

. . .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston-Winthrop No. 55 Willshire St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ann Jacobs
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 55 Willshire St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John R.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Canada

PARENTS

9 NAME OF FATHER John Nolan

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Margret Mann

12 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

13 Informant John R. Jacobs
(Address) 55 Willshire St.

14 Filed July 7 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 4th 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 1927, to July 4th 1927, that I last saw her alive on July 4th 1927, and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH was as follows:

Carcinoma of Esofagus

1 yrs. mos. ds. (duration)

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis? X Ray

(Signed) E W Brown, M. D.

(Address) 20 Cogent St

Date July 6 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL 7/7/27

19 UNDERTAKER Michael Porcella

ADDRESS Boston St 107 Benett

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D.

Official position Health Officer

Date of issue of permit 7/7/27

Permit NO. 1276

Anna Jacobs
July 4, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 507 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christiana P. Cowan
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 507 Pleasant St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Henry W. Cowan

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	1	6	20	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Boston Mass
(State or country)

PARENTS

9 NAME OF FATHER Joseph Vose

10 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

11 MAIDEN NAME OF MOTHER Adelaide Phillips (?)

12 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country)

13 Informant Mr. Charles Cowan
(Address) Brookline Mass

14 Filed Aug 4/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cullen Official position Health Officer Date of issue of permit 7/11/27 Permit No. 17

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 9 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 25, 1927, to July 9, 1927, that I last saw h[illegible] alive on July 9, 1927, and that death occurred, on the date stated above, at 8.45 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Senility - gen. arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 13 days

17 Where was disease contracted if not at place of death ✓

Did an operation precede death — For what —

Date of operation —

Was there an autopsy —

What test confirmed diagnosis ✓

(Signed) Richard Dyetent, M. D.

(Address) 114 Pleasant St

Date Winthrop Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Woodlawn (Cemetery) Everett (City or town)

DATE OF BURIAL July 11, 1927

19 UNDERTAKER C. R. Bennison

ADDRESS Winthrop Mass

July 9 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *..Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 6189 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. INFANTS HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GERTRUDE T. CLARK

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 90 PUTNAM St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	9	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) WINTHROP
(State or country) MASS.

PARENTS

9 NAME OF FATHER ROBERT

10 BIRTHPLACE OF FATHER (city or town) TUSCUMBIA
(State or country) MISSOURI

11 MAIDEN NAME OF MOTHER MARY CASSENS

12 BIRTHPLACE OF MOTHER (city or town) WINTHROP
(State or country) MASS.

13 Informant FATHER
(Address) 90 PUTNAM ST. WINTHROP

14 Filed JUL 14, 1927 E W McGlenen
Registrar of city or town where death occurred

Filed ____, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JUL 12 (Month) (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from JUN 2, 1927 to JUL 12, 1927,

that I last saw her alive on JUL 12, 1927,

and that death occurred, on the dated stated above, at 5 A m.

The CAUSE OF DEATH was as follows:

INFANTILE ECZEMA

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) GASTRO ENTERITIS

(duration) yrs. 1 mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ROBERT W. GANZ, M. D.

(Address)

Date JUL 12, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (HOLY CROSS) MALDEN (Cemetery) (City or town)

DATE OF BURIAL 7-14, 1927

19 UNDERTAKER JOHN F. O'MALEY

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec 9.*

No undertaker or other person shall bury a human body ... until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

Registered No. 6210
(Place of death)

Registered No.
(Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEOPATHIC HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ESTHER OBERLANDER
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 29 CORA St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of RAYMOND

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	21	1	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) NEEDHAM
(State or country) MASS.

PARENTS

9 NAME OF FATHER JOHN THOMPSON

10 BIRTHPLACE OF FATHER (city or town) -----
(State or country) P. E. ISLAND

11 MAIDEN NAME OF MOTHER UNKNOWN DYER

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant HUSBAND
(Address) 29 CORA ST. WINTHROP

14 Filed JUL 15, 1927 Edwin Glenen
Registrar of city or town where death occurred

Filed July 22, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JUL 12 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from JUNE 19, 1927 to JUL 12, 1927,
that I last saw h ER alive on JUL 12, 1927,
and that death occurred, on the dated stated above, at ____ m.
The CAUSE OF DEATH was as follows:

PUERPERAL SEPTICEMIA

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ANEMIA

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES- DELIVERY Date of 6-19-27

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. F. POLLOCK, M. D.

(Address)

Date JUL 13, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(GLENWOOD) EVERETT
(Cemetery) (City or town)

DATE OF BURIAL 7-15, 1927

19 UNDERTAKER J. E. HENDERSON

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk.. a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Suffolk

Township Winthrop.
or
Village
or
City Fort Banks (No. Fort Banks St.; Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Massachusetts.

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John George Jackson.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: July (Month) 15, (Day) 1927. (Year)

7 AGE: -- yrs. -- mos. -- ds. If LESS than 1 day, -- hrs. or -- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: -------
(b) General nature of Industry, business, or establishment in which employed (or employer): ---------

9 BIRTHPLACE (State or country): Station Hospital, Fort Banks, Mass.

PARENTS

10 NAME OF FATHER: Harry L Jackson

11 BIRTHPLACE OF FATHER (State or country): York, Pa.

12 MAIDEN NAME OF MOTHER: Virgie Ellen Eppley

13 BIRTHPLACE OF MOTHER (State or country): York Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Virgie Ellen Jackson.

(Address) 74 Shirley St. Winthrop, Mass.

15 Filed Aug 4, 1927

REGISTRAR

11-3181

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 15, 1927. (Day) (Year) 191

17 I HEREBY CERTIFY, That I attended deceased XXXXX July 15, 1927, to ------, 191--, that I last saw h---- alive on ----, 191--, and that death occurred, on the date stated above, at ---- m.

The CAUSE OF DEATH* was as follows:

Stillborn.

--(Duration) -- yrs. -- mos. -- ds.

Contributory (Secondary) ----

(Duration) ---- yrs. ---- mos. ---- ds.

(Signed) A.W. Greenwell, Maj. M.C. U.S.A., M. D.

July 16, 1927. (Address) Ft. Banks, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ---yrs.---mos. in the State ---yrs.---mos.---ds.

Where was disease contracted, if not at place of death? ----

Former or usual residence -------

19 PLACE OF BURIAL OR REMOVAL: Winthrop — DATE OF BURIAL: July 16, 1927

20 UNDERTAKER: E.E. R. Bennison — ADDRESS: Winthrop

Wm. D. Childress Health Officer 7/16/27 1278

July 15, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital." "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 104 Highland ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Waite Allen
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 104 Highland Ave St., Ward 3
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5+ years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of E. Webster Allen

6 AGE Years 73 | Months 2 Fourth | Days — | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Providence
(State or country) R. I.

PARENTS

9 NAME OF FATHER Abel Waite

10 BIRTHPLACE OF FATHER (City) Providence R. I.
(State or country)

11 MAIDEN NAME OF MOTHER Lucy Waterman

12 BIRTHPLACE OF MOTHER (City) Middletown
(State or country) Mass

13 Informant Lou Elliott A Allen
(Address) 1327 Trenfield Ave Bridgeport Conn

14 Filed July 4/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 16 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 3, 1927, to July 16, 1927, that I last saw h alive on July 7, 1927, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis
Chronic Parenchymatous Nephritis

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY
(SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Observation

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass

Date July 17 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Harmon Hill Cremation
(Cemetery) (City or town)

DATE OF BURIAL 7/19/27

19 UNDERTAKER Walter F. Wise

ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. B Childress

Official position Health Officer

Date of issue of permit 7/19/27

Permit NO. 1219

July 16, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RMR-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Hanthrop (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town Hanthrop No. 36 Elmwood Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J Cummings
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 36 Elmwood Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret A.

6 AGE: Years 75 Months Days IF LESS than 1 day, ...hrs. or ....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired.
(b) Name of employer

8 BIRTHPLACE (City)
(State or country): Ireland

PARENTS

9 NAME OF FATHER: Thomas

10 BIRTHPLACE OF FATHER (City)
(State or country): Ireland

11 MAIDEN NAME OF MOTHER: Mary Carroll

12 BIRTHPLACE OF MOTHER (City)
(State or country): Ireland

13 Informant: Margaret A. Cummings
(Address) 36 Elmwood Ave

14 Filed Aug 2 27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Andrew Official position T.B. Date of issue 7/22/27

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July (Month) 22 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan - 1, 1927, to July 21, 1927, that I last saw him alive on July 21, 1927, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows: (State fully)

Cerebral Hemorrhage -

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis -

(duration) 4 yrs. mos. ds.

17 Where was disease contracted if not at place of death —

Did an operation precede death No For what

Date of operation —

Was there an autopsy No

What test confirmed diagnosis

If under one year, was infant Breast Fed?

(Signed) Edward J. Granger, M. D.

(Address) 7 Ivy St.

Date July 23 - 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Joseph (Cemetery) (City or town) DATE OF BURIAL: July 25 27

19 UNDERTAKER: John J Connolly ADDRESS 1409 Washington

Permit No. 1201

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2,000,000. 9-26. NO. 6373

July 22. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Male~~ Ruggiero
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 371 Sumner St., Ward. East Boston, Mass
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
5a If married, widowed or divorced HUSBAND of (or) WIFE of
6 AGE: Years —; Months —; Days —; If LESS than 1 day, ___ hrs. 20 min.
If STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer
8 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS
9 NAME OF FATHER James
10 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass
11 MAIDEN NAME OF MOTHER Josephine Antonelli
12 BIRTHPLACE OF MOTHER (City) (State or country) East Weymouth Mass

13 Informant James Ruggiero
(Address) [illegible]

14 Filed July 4/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Swiderski T.D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 26, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h[illegible] alive on July 26, 1927, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:
Premature six months pregnancy.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? FOR WHAT?
Did an operation precede death? ___ Date of ___
Was there an autopsy?
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Mary E. Halsall, M. D.
(Address) 55 Pleasant St. Winthrop
Date July 26 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Michael's, Roslindale (Cemetery) (City or town) — DATE OF BURIAL 7-29-27

19 UNDERTAKER Fredk A. Magrath — ADDRESS E. Boston

Official position Health Officer — Date of issue of permit 7/28/27 — Permit No. 1281

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO 2662 3

July 26 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 6657 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. PETER BENT BRIGHAM HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ALFRED G. GRANGER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 89 CREST AVE. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of MARIE

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	37			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work SALESMAN
(b) Name of employer

8 BIRTHPLACE (city or town) WORCESTER
(State or country) MASS.

PARENTS

9 NAME OF FATHER ARTHUR M.

10 BIRTHPLACE OF FATHER (city or town) WORCESTER
(State or country) MASS.

11 MAIDEN NAME OF MOTHER EXILDE LIBERTY

12 BIRTHPLACE OF MOTHER (city or town) WORCESTER
(State or country) MASS.

13 Informant ARTHUR M. GRANGER
(Address) 53 PLANTATION ST. WORCESTER

14 Filed AUG. 2, 19 27 E W McGlenen
Registrar of city or town where death occurred

Filed Aug. 4, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JUL 30 (Month) (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from JUL 28, 19 27 to JUL 30, 19 27, that I last saw h ER alive on JUL 30, 19 27, and that death occurred, on the dated stated above, at 11 A m.

The CAUSE OF DEATH was as follows:

CHRONIC NEPHRITIS

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) BRONCHO PNEUMONIA

(duration) yrs. mos. 3 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? YES

What test confirmed diagnosis? AUTOPSY

(Signed) LESLIE H. WRIGHT, M. D.

(Address)

Date JULY 30, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (ST. JOHNS) WORCESTER (Cemetery) (City or town)

DATE OF BURIAL 8-2, 19 27

19 UNDERTAKER CALLAHAN BROTHERS

ADDRESS

50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk.. a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-305

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Boston
(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No. Registered No. 6735

City or Town Boston (Place of death) No. U. S. ARMY BASE St., (Place of residence) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FOSTER S. WILLIAMS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. FORT BANKS St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., If of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	W.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ...hrs. or ....min.
	34			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work PRIVATE, U. S. A.

(b) Name of employer FORT BANKS, WINTHROP

8 BIRTHPLACE (city or town) MILTON

(State or country) PA.

PARENTS

9 NAME OF FATHER CANNOT BE LEARNED

10 BIRTHPLACE OF FATHER (city or town) (State or country) ----------

11 MAIDEN NAME OF MOTHER MAGGIE --------

12 BIRTHPLACE OF MOTHER (city or town) (State or country) MILTON, PA.

13 Informant CAPT. H. B. BLISS

(Address) FORT BANKS, WINTHROP

14 Filed AUG. 5 1927 E. W. McGlenen
Registrar of city or town where death occurred

Filed AUG. 8 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH AUG. 1, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES, MYOCARDITIS ASSOCIATED WITH ENDOCARDITIS, CORONARY CHRONIC, AND WITH HYPERTROPHY AND DILATATION OF THE HEART. (DIED SUDDENLY)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date AUG. 1, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: MILTON, PA.

DATE OF BURIAL: 7-6-27 (Month) (Day) (Year)

19 UNDERTAKER Bennison C. R. BRENNAN

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

Foster S. Williams

Aug. 1. 1927.

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 461 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Gillis
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 461 Pleasant St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 3 months 9 days. How long in U. S., if of foreign birth? 43 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Daniel Gillis

6 AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
	92			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) Name of employer

8 BIRTHPLACE (City) Antigonish N. S.
(State or country)

PARENTS

9 NAME OF FATHER Angus Gillis
10 BIRTHPLACE OF FATHER (City) Antigonish N. S.
(State or country)
11 MAIDEN NAME OF MOTHER Margaret Gillis
12 BIRTHPLACE OF MOTHER (City) Edinburgh Scotland
(State or country)

13 Informant Margaret B. Newman
(Address) 461 Pleasant St

14 Filed 6-4-27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 8 (Month) 1 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 6-1, 1927, to 8-1, 1927,
that I last saw h[illegible] alive on 7-31, 1927
and that death occurred, on the date stated above, at 6 PM m.
The CAUSE OF DEATH was as follows: (State fully)

Senile Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —

Did an operation precede death No For what —

Date of operation —

Was there an autopsy —

What test confirmed diagnosis —

(Signed) Harry A. Kelly M. D.
(Address) 461 Pleasant St
Date 5/1/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Fort Hood Cape Breton
(Cemetery) (City or town)

DATE OF BURIAL
Aug 3, 1927

19 UNDERTAKER
M. J. Kelly

ADDRESS
11 Meridian St East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Health Officer Date of issue of permit 8/3/27 Permit No. 1282

9.B.9.

Aug. 1. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

RM R-301

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County ESSEX State MASSACHUSETTS. Registered No. ____
Township Winthrop or Village ____ or
City ____ No. ____, ____ St., ____ Ward
Station Hospital, Fort Banks, Mass.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Narcisse John Pleude

(a) Residence. No. 16 Spruce St., Ward. Watertown
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1927.

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	____	____	____	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ____
(b) General nature of Industry, business, or establishment in which employed (or employer) ____
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop,
(State or country) Massachusetts.

PARENTS
10 NAME OF FATHER Arthur Thomas Pleude.
11 BIRTHPLACE OF FATHER (city or town) Salem
(State or country) Massachusetts.
12 MAIDEN NAME OF MOTHER Mary Sullivan
13 BIRTHPLACE OF MOTHER (city or town) Charlestown
(State or country) Massachusetts.

14 Informant Arthur Thomas Pleude, 162 Spruce St.
(Address) Watertown, Mass.

15 Filed ____, 19 ____ REGISTRAR

11—2184

Issued 8/6/27 By W. J. Clubbe
U. S. P. H. S.
Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4, 1927

17 I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____, that I last saw him alive on ____, 19____, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Stillborn 2nd of twins.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? ____

A. F. Greenwell, Maj. MC
(Signed) ____ M. D.
8/5/27, 19 (Address) Station Hospital, Ft. Banks, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop Winthrop Mass	Aug 6 1927
20 UNDERTAKER	ADDRESS
C. B. Bennison	Winthrop

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. No. 3

Aug 4. 1927

RNITED STATES STANDARD CERTIFICATE OF DEATH

oved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town) Registered No.

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. 35 Thurston Park St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Adams
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Thurston Park St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? 30 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Emma Louise Armstrong

6 AGE: Years 63 Months 8 Days 25 IF LESS than 1 day, ...hrs. or ...min.
IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Foreman Machinist
(b) Name of employer

8 BIRTHPLACE (City) St John
(State or country) New Brunswick

PARENTS

9 NAME OF FATHER: John Adams
10 BIRTHPLACE OF FATHER (City)
(State or country) England
11 MAIDEN NAME OF MOTHER: Mary Jackson
12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant: S. F. Bell
(Address): 35 Thurston Park

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August (Month) 7 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to August 7, 1927
that I last saw h... alive on ..., 1927
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH was as follows: (State fully)
Myocarditis
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) ... yrs. ... mos. ... ds.

17 Where was disease contracted if not at place of death
Did an operation precede death For what
Date of operation
Was there an autopsy
What test confirmed diagnosis
(Signed) ..., M. D.
(Address)
Date August 7 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: Aug 9th

19 UNDERTAKER: O. R. Bernison ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Children 9.39. Official position Health Officer Date of issue of permit 8/9/27 Permit No. 1254

Aug. 1. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County [illegible] State MASSACHUSETTS. Registered No.
Township Winthrop or Village or
City No. Station Hospital, Fort Banks, Mass. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Narcisse John Ploude
(a) Residence. No. 16 Spruce St., Ward. Watertown
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1927.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Winthrop,
(State or country) Massachusetts.

PARENTS

10 NAME OF FATHER Arthur Thomas Ploude.
11 BIRTHPLACE OF FATHER (city or town) Salem
(State or country) Massachusetts.
12 MAIDEN NAME OF MOTHER Mary Sullivan
13 BIRTHPLACE OF MOTHER (city or town) Charlestown
(State or country) Massachusetts

14 Informant Arthur Thomas Ploude, 162 Spruce St. Watertown, Mass.
(Address)

15 Filed [illegible], 19 [illegible] REGISTRAR

11—3184

Issued 8/16/27 By W. H. Cheddar Health officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4, 1927

17 I HEREBY CERTIFY, That I attended deceased from
----, 19---, to ----, 19---,
that I last saw h-- alive on ----, 19---,
and that death occurred, on the date stated above, at ---m.
The CAUSE OF DEATH* was as follows:

Stillborn 2nd of twins.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) A. W. Greenwall, Maj. MC
8/8 27 Station Hospital, Ft. Banks, Mass. M. D.
, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Winthrop Winthrop Mass	Aug 6 1927
20 UNDERTAKER	ADDRESS
C. B. Bennison	Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU TION is very important. See instructions on back of certificate.

Aug 4 1927

NITED STATES STANDARD CERTIFICATE OF DEATH

oved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 35 Thornton Park St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Adams
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Thornton Park St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? 30 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Emma Louise Cushing

6 AGE: Years 63 Months 8 Days 25
IF LESS than 1 day, ... hrs. or ..... min.
IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman Machinist
(b) Name of employer

PARENTS

8 BIRTHPLACE (City) St John
(State or country) New Brunswick
9 NAME OF FATHER John Adams
10 BIRTHPLACE OF FATHER (City)
(State or country) England
11 MAIDEN NAME OF MOTHER Mary Jackson
12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant E. F. Bell
(Address) 35 Thornton Park

14 Filed Aug 20 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 7 27
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Oct 1926, 19..., to August 7, 1927,
that I last saw him alive on August 6, 1927,
and that death occurred, on the date stated above, at 3 m.
The CAUSE OF DEATH was as follows: (State fully)
Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death For what
Date of operation
Was there an autopsy /
What test confirmed diagnosis
(Signed) Harry Connelly, M. D.
(Address) 200 Pleasant St
Date Aug 8 27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: Aug 9 27

19 UNDERTAKER: C. R. Bennison
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childs 9.B.9.
Official position Health Officer Date of issue of permit 8/9/27 Permit No. 1284

Aug. 1, 1912.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws. Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Massachusetts Registered No.
~~City or~~ Town Winthrop No. 6 H Lincoln St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alvah Cotton Cousins.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 H Lincoln St., Ward,
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Georgia Runnells.

6 AGE — Years: 56 Months: 10 Days: 12 IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Car Inspector
(b) Name of employer: B. R. B. & L. R. R.

8 BIRTHPLACE (City) Holderness.
(State or country) New Hampshire.

PARENTS

9 NAME OF FATHER Enoch Cousins.

10 BIRTHPLACE OF FATHER (City) Porter.
(State or country) Maine.

11 MAIDEN NAME OF MOTHER Lydia Cotton Cox.

12 BIRTHPLACE OF MOTHER (City) Holderness.
(State or country) New Hampshire.

13 Informant Mrs Georgia Runnells.
(Address) 6 H Lincoln St Cousins

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug. (Month) 8 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 21, 1927, to Aug. 8, 1927
that I last saw h in alive on Aug 7, 1927
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma pancreas

Undetermined.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death Boston City.
Did an operation precede death yes For what nephrectomy at
Date of operation June 16-1927 ?
Was there an autopsy no
What test confirmed diagnosis X-ray & clin. ✗.
(Signed) [illegible], M. D.
(Address) Winthrop Mass.
Date 8/9/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holderness (Cemetery) Holderness (City or town)

DATE OF BURIAL: Aug 10 27

19 UNDERTAKER Charles P. Bemmson ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. P. Childress 9.8.9. Official position Health Officer Date of issue of permit 8/9/27. Permit No. 1285

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$0,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 7026 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. HOMEOPATHIC HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MIRIAM D. LAMB
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 46 HILLSIDE St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	WIDOWED

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of GEORGE F.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	75	1	21	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) Name of employer

8 BIRTHPLACE (city or town) SEARSPORT
(State or country) MAINE

PARENTS

9 NAME OF FATHER WALTER MATHEWS

10 BIRTHPLACE OF FATHER (city or town) SEARSPORT
(State or country) MAINE

11 MAIDEN NAME OF MOTHER MARION MATHEWS (O.K.)

12 BIRTHPLACE OF MOTHER (city or town) SEARSPORT
(State or country) MAINE

13 Informant FRED LAMB
(Address) 46 HILLSIDE AVE. WINTHROP

14 Filed AUG. 17, 1927 E W McGlenen
Registrar of city or town where death occurred

Filed Aug 18, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH AUG. 14 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from MAY 5, 1927 to AUG. 14, 1927,
that I last saw h ER alive on AUG. 14, 1927,
and that death occurred, on the dated stated above, at 2.15 Am.
The CAUSE OF DEATH was as follows:

CHRONIC NEPHRITIS
GENERAL ARTERIO SCLEROSIS

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) CHRONIC PYELITIS

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 5-7-27

Was there an autopsy? YES

What test confirmed diagnosis? AUTOPSY

(Signed) C. A. POWELL, M. D.

(Address)

Date AUG. 14, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WOODLAWN) EVERETT
(Cemetery) (City or town)

DATE OF BURIAL 8-16, 1927

19 UNDERTAKER C. H. FAUNCE

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH County Suffolk State Mass (City or town) Registered No.

City or Town Winthrop No. 620 Shirley St St., 3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernest G. Bacon
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 620 Shirley St St., Ward. 3
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Charlotte G. Bacon

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
57	11	13	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Curtain Manufacturer
(b) Name of employer —

8 BIRTHPLACE (City) Boston
(State or country)

PARENTS

9 NAME OF FATHER George Bacon

10 BIRTHPLACE OF FATHER (City) Don't Know
(State or country)

11 MAIDEN NAME OF MOTHER Don't Know

12 BIRTHPLACE OF MOTHER (City)
(State or country)

13 Informant Wife Charlotte G. Bacon
(Address) 620 Shirley St Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug. 15 1927.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 25, 1927, to Aug 12, 1927, that I last saw h___ alive on Aug 12, 1927, and that death occurred, ~~on the date stated above~~, at 12 30 m.

The CAUSE OF DEATH was as follows:

Vascular Hypertension

(duration) 4 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 12 ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Walter [illegible], M. D.

(Address) 353 Commonwealth Ave Boston

Date Aug. 15 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Hope Cemetery (Cemetery) (City or town)

DATE OF BURIAL Aug 18 '27

19 UNDERTAKER Walter L. White Winthrop

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress

Official position Health Officer Date of issue of permit 8/16/27 Permit NO. 1286

9.B.9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3

Ernest C. Bacon
Aug 15, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

State Infirmary
Tewksbury, Mass.
(City or town)

STANDARD CERTIFICATE OF DEATH

Registered No. 279
(Place of death)

1 PLACE OF DEATH
County Middlesex State Infirmary - State Mass
City or town Tewksbury No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.
(Place of residence)

2 FULL NAME John Carr
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred years 2 months 5 days. How long in U. S., if of foreign birth? 55 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not learned

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	77	3	3	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mill hand
(b) Name of employer

8 BIRTHPLACE (city or town) Not learned
(State or country) Ireland

PARENTS

9 NAME OF FATHER Michael Carr

10 BIRTHPLACE OF FATHER (city or town) Not learned
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Mary Alden

12 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) Ireland

13 Informant Hospital Records
(Address) STATE INFIRMARY, TEWKSBURY
JOHN H NICHOLS, Supt.

14 Filed Aug. 15, 1927
Registrar of city or town where death occurred
Filed Nov. 21, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 15, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to Aug. 15, 1927,
that I last saw him alive on Aug. 15, 1927,
and that death occurred, on the dated stated above, at 2:05 P. m.
The CAUSE OF DEATH was as follows:
Arterio sclerosis

(duration) 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Phys. Exam.

(Signed) Arthur K. Drake, M. D.
(Address) State Infirmary, Tewksbury,
Date August 16, 1927 Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Calvary Cem. Waltham
(Cemetery) (City or town)

DATE OF BURIAL 8/18/27, 19

19 UNDERTAKER C. R. Bennison

ADDRESS Winthrop, Mass.

50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MR-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 125 Herman St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Mc Donough
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Herman St., Ward, Winthrop
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of James Mc Donough

6 AGE Years 67 Months — Days — IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) St. Johns
(State or country) N. B.

PARENTS

9 NAME OF FATHER Thomas F. Welsh
10 BIRTHPLACE OF FATHER (City) St. Johns
(State or country) N. B.
11 MAIDEN NAME OF MOTHER Alice Lawler
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Nellie K. Welsh
(Address) 125 Herman Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 16 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1927 to Aug. 15 1927
that I last saw h[illegible] alive on Aug 15 1927
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH was as follows: (State fully)
Arteriosclerosis
Chronic myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic myocarditis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Clinical
(Signed) Gordon Perkins M.D.
(Address) 6 Pleasant St. Winthrop
Date Aug. 17, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Calvary (Cemetery) Roxbury (City or town)
DATE OF BURIAL Aug 19-27

19 UNDERTAKER F. H. Fraser
ADDRESS Revere

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childers Official position Health Officer Date of issue of permit 8/18/27 Permit No. 1287.
9.B.9.

2.00,000. 9-26. NO. 6373

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. U.S. WHITE PENCIL, WITH ONE RUBBING BEFORE INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

ORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass. Registered No.
City or Town Winthrop Revere No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Baby of Domenico Terenzio~~
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 41 Gage St., Ward. Revere
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE: Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Community Hospital

PARENTS

9 NAME OF FATHER Domenico Terenzio
10 BIRTHPLACE OF FATHER (City) Foggia
(State or country) Italy
11 MAIDEN NAME OF MOTHER Rosa Fusco
12 BIRTHPLACE OF MOTHER (City) Montemurro
(State or country) Italy

13
Informant Domenico Terenzio
(Address) 41 Gage St. Revere

14
Filed Sept 2-4
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 20 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1927, to ____, 19__, that I last saw h[illegible] alive on Aug 19, 1927 and that death occurred, on the date stated above, at 4:30P m.

The CAUSE OF DEATH was as follows:

Premature Birth
(6 mos)
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.
(Address) 56 Sumner St

Date Aug 21 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem
(Cemetery) (City or town)

DATE OF BURIAL Aug. 23.

19 UNDERTAKER T. Riccitiello

ADDRESS Revere

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress 9.3.9.

Official position Health Office Date of issue of permit 8/22/27 Permit No. 1288

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

23-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

15,885
Boston
(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 1162

City or Town Winthrop : Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Theresa Harrington
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 17 Cutler St., Ward.
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days How long in U. S., if of foreign birth? 25 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis F. Harrington

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	43			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Ireland

PARENTS

9 NAME OF FATHER John McDonald

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Unknown.

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Francis F. Harrington
(Address) 705 Bennington Street E.B.

14 Filed Aug 24 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 20, 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: presumably cardio-vascular disease
(Died Suddenly.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Leroy Bryon Forsyth, M.D.
(Address)
Medical Examiner for Suffolk
Date Aug 22 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
Holy Cross, Malden
(Cemetery) (City or town)

DATE OF BURIAL
Aug 24, 1927
(Month) (Day) (Year)

19 UNDERTAKER Richard C. Kirby
ADDRESS East Boston.

20 Burial permit issued by
Official position

21 Date of issue AUG 23 1927
Permit No.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause,** the nature of an injury and of its consequences; and (2) under **manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease,** specify: (1) Under **cause,** its known or presumable nature; and (2) under **manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Anna Theresa Harrington
Aug. 20. 1927

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Arlington (City or town) 14

1 PLACE OF DEATH Registered No. (Place of death)

County Middlesex State Mass Registered No. (Place of residence)

City or town Arlington No. Ring Sanatorium & Hospital, Inc. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edmond Leslie Bigelow

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 62 Thornton Park St.

(Usual place of abode)

Length of residence in city or town where death occurred 31 years -- months -- days. How long in U. S., if of foreign birth? -- years -- months -- days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna G. Elliot

6 AGE	Years	Months	Days	If LESS than 1 day, -- hrs. or -- min.
	80	0	7	

If STILLBORN, enter that fact here ----

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Leather Merchant
(b) Name of employer Retired

8 BIRTHPLACE (city or town) New York
(State or country) New York

PARENTS

9 NAME OF FATHER Milton B. Bigelow

10 BIRTHPLACE OF FATHER (city or town) New York
(State or country) New York

11 MAIDEN NAME OF MOTHER Adalaid Fursman

12 BIRTHPLACE OF MOTHER (city or town) New York
(State or country) New York

13 Informant Mrs. H. D. Hall (Daughter)
(Address) 62 Thornton Park, Winthrop

14 Filed Aug. 27, 19 27 E. Caroline Pierce
Registrar of city or town where death occurred

Filed --, 19 --
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August (Month) 21 (Day) 1927 (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from Nov. 16, 1926, to Aug. 21, 1927,
that I last saw him alive on Aug. 20, 1927,
and that death occurred, on the dated stated above, at 4:30 A.M.
The CAUSE OF DEATH was as follows:

Nephritis, interstitial

(duration) 2 yrs. -- mos. -- ds.

CONTRIBUTORY (SECONDARY) Myocarditis & arterioscler-osis (duration) -- yrs. -- mos. -- ds.

17 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of --

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arthur H. Ring, M. D.

(Address) 163 Hillside Ave., Arlington

Date Aug. 21, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop, Winthrop, Mass. (Cemetery) (City or town)

DATE OF BURIAL: Aug. 23, 19 27

19 UNDERTAKER: C. R. Bennison

ADDRESS: Winthrop

24—50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MR-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 85 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan A. Greenfield
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 Willow Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 7 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Wm J. Greenfield

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	63	7	25	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer At Home

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Matthew Green

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Susan Thompson

12 BIRTHPLACE OF MOTHER (City)
(State or country) Maine

13 Informant Wm J. Greenfield
(Address) 16 Willow Ave

14 Filed Sept 3 '27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Fuldner Official position Health Officer Date of issue of permit 8/23/27 Permit No. 1289

C. B. C.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 22 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Aug. 20, 1927, to Aug. 22, 1927
that I last saw her alive on August 22, 1927
and that death occurred, on the date stated above, at 9.30 a. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic myocarditis, arteriosclerosis, Chronic Nephritis, Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia:

(duration) yrs. mos. 3 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

If under one year, was infant Breast Fed? Clinical

What test confirmed diagnosis

(Signed) Lydia A. Richards, M. D.

(Address) Winthrop, Mass.

Date Aug. 23, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL Aug 24 27

19 UNDERTAKER William A. Ireland ADDRESS E. Bos...

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2.00.000. 9-26. NO. 6373

3-9-'27-20M.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19. 25,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

FITCHBURG
(City or town)

1 PLACE OF DEATH

Registered No. .....
(Place of death)

County WORCESTER State MASSACHUSETTS

Registered No. .....
(Place of residence)

City or Town FITCHBURG No. Lucy Helen Mem. Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jean Loomis
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 12 Palmyra Street St.
(Usual place of abode)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	0	

If STILLBORN, enter that fact here Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) Name of employer

9 BIRTHPLACE (city or town) Fitchburg
(State or country) Mass.

PARENTS

10 NAME OF FATHER Frederic C. Loomis

11 BIRTHPLACE OF FATHER (city or town) Winsted
(State or country) Conn.

12 MAIDEN NAME OF MOTHER Annie L. Parkhurst

13 BIRTHPLACE OF MOTHER (city or town) Everett
(State or country) Mass.

8/25/27

14 Informant F. C. Loomis
(Address) 12 Palmyra St., Winthrop

15 Filed Sep. 1, 19 27 .....
Registrar of city or town where death occurred

Filed ....., 19 ..
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23d, 19 27

17 I HEREBY CERTIFY, That I attended deceased from Aug. 23d, 19 27 to Aug. 23d, 19 27

that I last saw her ~~xxx~~ alive dead on August 23d, 19 27

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Stillborn. Macerated foetus

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Probably forsion of the umbilical cord (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Operation on Mother

(Signed) George P. Norton, M.D.

(Address) 24 Prichard St., Fitchburg

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill - Fitchburg

DATE OF BURIAL: 8/25/ 19 27

20 UNDERTAKER: H. L. Sawyer & Co.

ADDRESS: Fitchburg

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 146 Pauline St. Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Elizabeth Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No 146 Pauline St., Ward Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced, HUSBAND of (or) WIFE of William Bower

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Lt. Nickerson

10 BIRTHPLACE OF FATHER (City) Fredericton
(State or country) New Brunswick

11 MAIDEN NAME OF MOTHER Elizabeth Wolf

12 BIRTHPLACE OF MOTHER (City) Yorkshire
(State or country)

13 Informant Mrs A. W. Nickerson
(Address) 146 Pauline St Winthrop

14 Filed Sept 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 25 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from February 1 1927, to August 25 1927, that I last saw h alive on August 25 1927, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH was as follows:
Chronic Parenchymatus Nephritis

(duration) 5 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Cardiac myocarditis

(duration) 1 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed) Mary E Halsall M. D.
(Address) 57 Pleasant St. Winthrop
Date Oct 25 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, ~~REMOVAL~~ OR REMOVAL: Forest Hills (Cemetery) (City or town) DATE OF BURIAL Aug 28/27

19 UNDERTAKER J. Waterman & Sons ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Health Officer Date of issue of permit Aug. 25, 1927. Permit NO. 1290.

Q.B.9.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2602 3

9-'27-20M.

Aug 25.1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MR-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State mass Registered No.
City or Town Winthrop No. 211 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lena Clingen
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 211 Pleasant St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years 7 months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Henry Clingen

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	36			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inspector of Fibres
(b) Name of employer

8 BIRTHPLACE (City) Roxbury
(State or country) mass

PARENTS

9 NAME OF FATHER John Raithel

10 BIRTHPLACE OF FATHER (City)
(State or country) Germany

11 MAIDEN NAME OF MOTHER Louisa Brain

12 BIRTHPLACE OF MOTHER (City)
(State or country) Germany

13 Informant Mrs Dorothy Clark
(Address) 211 Pleasant St Winthrop

14 Filed Aug 31 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 30, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1927, to Aug 30, 1927,
that I last saw h e alive on Aug. 29, 1927
and that death occurred, on the date stated above, at 1.45 a. m.
The CAUSE OF DEATH was as follows: (State fully)

Oedema of Lungs
Cerebral Thrombosis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation No
Was there an autopsy
What test confirmed diagnosis

(Signed) John M. Doran, M. D.
(Address) 670 Broadway Chelsea
Date Aug 30, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett (Cemetery) (City or town) DATE OF BURIAL Sept 1/27

19 UNDERTAKER William C Carafa ADDRESS Chelsea

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position Health Officer Date of issue of permit 8/30/27 Permit No. 1291

9.69

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

142

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. ~~116~~

Township Winthrop or Village or

City ~~BOSTON~~ No. 46 Winthrop Street St., 1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara M. Grover
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 46 Winthrop Street, Winthrop Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jefferson W. Grover

6 DATE OF BIRTH (month, day, and year) August 8, 1849.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Holliston,
(State or country) Mass.

PARENTS

10 NAME OF FATHER Frank Paddleford

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Vermont

12 MAIDEN NAME OF MOTHER Harriet Wayne

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mass.

14 Informant Jefferson Grover
(Address) 46 Winthrop Street

15 Filed Aug 3, 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1927, to Aug 31, 1927, that I last saw h[illegible] alive on Aug 31, 1927, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Spratley, M.D.
, 19 (Address) 114 Pleasant St. Milton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL

Lakeview Cemetery, Holliston — Sept 2, 1927

20 UNDERTAKER — ADDRESS

C. C. Kirby — East Boston

8/2/27 1293

Henry L. Pierce
Health Officer

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death. — Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train — accident; Revolver wound of head — homicide; Poisoned by carbolic acid — probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners. — Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns, Falls, Drowning, Gas poisoning, Suicide, Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion, Poisoning, Starvation, Suffocation, Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Dr. McLeaf, 114 Winthrop Street, Winthrop

R 15. 1-'18. 100,000.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

Registered No. 7517
(Place of death)

County Suffolk State Massachusetts

Registered No.
(Place of residence)

City or town Boston No. PETER BENT BRIGHAM HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLES E. LAMB
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 72 MAIN St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ADA M.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74	1	14	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED
(b) Name of employer

8 BIRTHPLACE (city or town) WORCESTER
(State or country) MASS.

PARENTS

9 NAME OF FATHER CHARLES B.

10 BIRTHPLACE OF FATHER (city or town) WORCESTER
(State or country) MASS.

11 MAIDEN NAME OF MOTHER MARION M. PERSON

12 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) N. H.

13 Informant WIFE
(Address) 72 MAIN ST. WINTHROP

14 Filed SEP 6, 19 27 E W M Glenen
Registrar of city or town where death occurred

Filed ____, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH AUG. 31 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from AUG. 27, 19 27 to AUG. 31, 19 27, that I last saw h IM alive on AUG. 31, 19 27, and that death occurred, on the dated stated above, at 8 P m.

The CAUSE OF DEATH was as follows:

CARCINOMA OF RECTUM

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) PLEURITIS

(duration) yrs. mos. 2 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 8-29-27

Was there an autopsy? YES

What test confirmed diagnosis? AUTOPSY

(Signed) B. HENRY MASON, M. D.

(Address)

Date SEPT. 1, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WINTHROP) WINTHROP
(Cemetery) (City or town)

DATE OF BURIAL 9-3, 19 27

19 UNDERTAKER C. R. BENNISON

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;. .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**...**a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Lynn (City or town)

1 PLACE OF DEATH Registered No. 642

County Essex State Mass. Registered No. (Place of residence)

City or town Lynn No. Lynn Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ---- Hite
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 120 Shore Drive St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		1	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) Lynn,
(State or country) Mass.

PARENTS

9 NAME OF FATHER Joseph Hite

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

11 MAIDEN NAME OF MOTHER Etta Hite

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

13 Informant J. Hite
(Address) 120 Shore Drive, Winthrop.

14 Filed Oct. 3, 19 Joseph F. Attwell
Registrar of city or town where death occurred

Filed , 19
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 1, 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from Aug. 31, 1927, to Sept. 1, 1927,
that I last saw her alive on Aug. 31, 1927,
and that death occurred, on the dated stated above, at 12.20a. m.
The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Forceps delivery

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. L. Jacobson, M. D.

(Address) 122 So. Common St., Lynn

Date September 1, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Beth Joseph, Woburn
(Cemetery) (City or town)

DATE OF BURIAL
Sept. 1/27, 19

19 UNDERTAKER
Manuel Stanetsky

ADDRESS
Boston

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature ot the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or. . from the clerk of the town where the person died;. . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**.. **a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** ..The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 228 Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles N. Foster
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 228 Bowdoin St., Ward. 1
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 22 years — months — days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Edith H. Foster

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	11	14	

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Merrimac
(State or country) N. H.

PARENTS

9 NAME OF FATHER Silas Jefferson Foster

10 BIRTHPLACE OF FATHER (City) Del
(State or country) N. H.

11 MAIDEN NAME OF MOTHER Hannah Jenkins

12 BIRTHPLACE OF MOTHER (City)
(State or country) N. H.

13 Informant Wife Edith A. Foster
(Address) 228 Bowdoin St. Winthrop

14 Filed Sep 26/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 1 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1927, to ___, 19___, that I last saw h im alive on Aug. 31, 1927, and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH was as follows:

Chronic interstitial
myocarditis
(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Secondary Anemia
(duration) 1 yrs. — mos. — ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination; history; symptoms.

(Signed) Walter H. White, M. D.
(Address) 32 Pleasant Park, Winthrop
Date September 2 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem
(Cemetery) (City or town)
DATE OF BURIAL Sept. 4/27

19 UNDERTAKER Walter H. White
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M. D.
Official position Health Officer Date of issue of permit 9/3/27 Permit NO. 1294

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

Sept. 1, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 54 Wave Way Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sophia Smith
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 54 Wave Way St., Ave Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ___ years ___ months ___ days. How long in U. S., if of foreign birth? ___ years ___ months ___ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Louis

6 AGE 55 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Russia

PARENTS

9 NAME OF FATHER Raphael Levine

10 BIRTHPLACE OF FATHER (City) (State or country) Russia

11 MAIDEN NAME OF MOTHER Sarah Comstock (name)

12 BIRTHPLACE OF MOTHER (City) (State or country) Russia

13 Informant Louis Smith
(Address) 54 Wave Way Ave.

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 1 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1927, to Sept 1, 1927, that I last saw her alive on Sept 1, 1927, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH was as follows:

Cardio-Renal Disease

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Myocardial degeneration.
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ~~FOR WHAT~~

Did an operation precede death? No Date of

Was there an autopsy? No
If under one year, was Infant Breast fed?

What test confirmed diagnosis? Clinical + lab.

(Signed) Jacob Abramp M. D.
(Address) 562 Shirley St Winthrop
Date Sept. 1 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Woburn
(Cemetery) (City or town)

DATE OF BURIAL 1927

19 UNDERTAKER Warren Brierley

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M. D.

Official position Health Officer Date of issue of permit 9/1/27 Permit No. 1292

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

8-20M.

3-200,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH

Registered No. 7651 (Place of death)

County Suffolk State Massachusetts

Registered No. (Place of residence)

City or town Boston No. ADAMS HOUSE St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LETITIA C. PATCH

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 36 CHARLES St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of RALPH W.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	4	22	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work INTERIOR DECORATOR
(b) Name of employer FOR HIMSELF

8 BIRTHPLACE (city or town) DEER ISLE
(State or country) MAINE

PARENTS

9 NAME OF FATHER LOUIS BEST

10 BIRTHPLACE OF FATHER (city or town) UNKNOWN
(State or country) N. J.

11 MAIDEN NAME OF MOTHER ELIZABETH N. JUDKINS

12 BIRTHPLACE OF MOTHER (city or town) DEER ISLE
(State or country) MAINE

13 Informant R. W. PATCH
(Address) 36 CHARLES ST. WINTHROP

14 Filed SEPT. 9 19 27 Edwin Glenen
Registrar of city or town where death occurred
Filed Sept 22, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT 5 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from JUL 10, 19 27 to SEPT. 5 19 27, that I last saw h ER alive on SEPT. 5, 19 27, and that death occurred, on the dated stated above, at 2 P m.

The CAUSE OF DEATH was as follows:

TUMOR OF SPINAL CORD

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) BRONCHO PNEUMONIA

(duration) yrs. mos. 4 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. B. LANE, M. D.

(Address)

Date SEPT. 9, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WINTHROP) WINTHROP (Cemetery) (City or town)

DATE OF BURIAL 9-8, 19 27

19 UNDERTAKER WALTER T. WHITE

ADDRESS

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Peabody notified

N, 911

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop (Beach) No., St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Hyman Cohen.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Peabody 129 Lowell St., Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White Hebrew	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	19			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) Name of employer

8 BIRTHPLACE (City) Peabody
(State or country) mass

PARENTS

9 NAME OF FATHER Morris L Cohen

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Mollie Braschezky

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Morris L Cohen
(Address) 129 Lowell St Peabody

14 Filed 9/6/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 5 1927
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Drowning, accidental -
(Sank while swimming in the sea-water.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death

(Signed) Leon Bryan Magnuson, M.D.

(Address)

Medical Examiner for Suffolk

Date Sept 5 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Maple Hill Peabody
(Cemetery) (City or town)

DATE OF BURIAL Sept 6/27
(Month) (Day) (Year)

19 UNDERTAKER Philip Hymanson

ADDRESS Lynn

20 Burial permit issued by Wm. D. Childress Official position Health Officer 21 Date of issue 9/6/27 Permit No. 1290

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

4M-12-24-No. 8704

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . **He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.**—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Louis Hyman Cotton
Oct. 5, 1927.

302

fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

1 PLACE OF DEATH Registered No. 42 (Place of death)

County Suffolk State Mass. Registered No. _____ (Place of residence)

City or town Chelsea No. Chelsea Memorial Hosp. St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Hawkes
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. (Usual place of abode) State Mass. City or Town Winthrop No. 100 Upland rd. St.

Length of residence in city or town where death occurred --years --months 5 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a If married, widowed, or divorced — Name of { HUSBAND (or) WIFE Ruth E. Hawkes

6 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	6	27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer ---

8 BIRTHPLACE (city or town) Cliftondale
(State or country) Mass.

PARENTS

9 NAME OF FATHER Edward Hawkes

10 BIRTHPLACE OF FATHER (city or town) Canada
(State or country) [illegible].

11 MAIDEN NAME OF MOTHER Josephine Collett

12 BIRTHPLACE OF MOTHER (city or town) Canada
(State or country) [illegible].

13 Informant Ruth E. Hawkes
(Address) 100 Upland rd., Winthrop

14 Filed [illegible], 19 Richard A. Rourke
Registrar of city or town where death occurred
Filed 9/26/27, 19 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 2, 1927 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1927, to Sept. 2, 1927, that I last saw h[illegible] alive on Sept. 2, 1927, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH was as follows: (State fully)

Ruptured appendix

(duration) --yrs. --mos. 1 ds.

CONTRIBUTORY (SECONDARY) General peritonitis

(duration) --yrs. --mos. 9 ds.

17 Where was disease contracted if not at place of death 100 Upland rd., Winthrop

Did an operation precede death yes For what Drainage, etc.

Date of operation Sept. 2, 1927

Was there an autopsy no

What test confirmed diagnosis Operation

(Signed) [illegible], M. D.

(Address) 114 Pleasant st., Win[illegible]

Date Sept. 6, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) (City or town)

DATE OF BURIAL 9/9/, 1927

19 UNDERTAKER Geo. W. [illegible]ls

ADDRESS [illegible]

L-No. 4312

Edward Nadel.
Sept. 6, 1927

RMR-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop ~~Boston~~ No. 336 Revere St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Murdock Nicolson
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 336 Revere St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? 3 years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

3-0-'27-20M.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Shaw

6 AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
	73			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) P.E.I.

PARENTS

9 NAME OF FATHER Angue

10 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Christie Finlyson

12 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

13 Informant Mrs. Frank Hoar
(Address) 336 Revere St.

14 Filed 9/26/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Official position Health Officer Date of issue of permit 9/11/27 Permit No. 1276

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September (Month) 9, (Day) 1927 (Year)

16 I HEREBY CERTIFY That I attended deceased from Sept. 9, 1927 to Sept. 9, 1927
that I last saw h[illegible] alive on Sept. 9 1927
and that death occurred, on the date stated above, at 5.30 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Degenerative Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congestive Heart Failure

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what —

Date of operation —

Was there an autopsy No
(If under one year, was infant breast fed?)

What test confirmed diagnosis Physical examination

(Signed) [illegible], M. D.

(Address) 731 Washington Ave Chelsea Mass.

Date 9/27 Brookmont, Md.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL

Lorene Valley (Cemetery) P.E.I. (City or town) 9/11/27.

19 UNDERTAKER — ADDRESS

Michael J. Porcella 10 St. Benett St.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4—50,000

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 7803 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. PALMER MEMORIAL HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LOUIS KERNER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 53 SUMMIT AVE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of DORA

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work DRUG STORE CLERK
(b) Name of employer ---------

8 BIRTHPLACE (city or town)
(State or country) AUSTRIA

PARENTS

9 NAME OF FATHER DAVID

10 BIRTHPLACE OF FATHER (city or town)
(State or country) AUSTRIA

11 MAIDEN NAME OF MOTHER ANNA FOX

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) AUSTRIA

13 Informant MATTHEW M. KERNER
(Address) 53 SUMMIT AV. WINTHROP

14 Filed SEPT 14, 19 27 E W McGlenen
Registrar of city or town where death occurred

Filed Sep. 22, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT. 12 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 7, 19 27 to SEPT. 12, 19 27, that I last saw h IM alive on SEPT. 12, 19 27, and that death occurred, on the dated stated above, at 3 A m.

The CAUSE OF DEATH was as follows:

CARCINOMA OF COLON

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PERFORATION WITH PERITONITIS

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 8-24-27

Was there an autopsy?

What test confirmed diagnosis?

(Signed) EVERETT D. KIEFER, M. D.

(Address)

Date SEPT. 12, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL KENESSETH ISRAEL, WOBURN (Cemetery) (City or town)

DATE OF BURIAL 9-12, 19 27

19 UNDERTAKER MANUEL STANETSKY

ADDRESS

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**...**a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 264, Court Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria J. Bloomfield
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 264 Court Rd Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 38 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Henry Bloomfield

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	83	3	27	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Montrose Scotland

PARENTS

9 NAME OF FATHER: James Stewart

10 BIRTHPLACE OF FATHER (City) (State or country): Ruston England

11 MAIDEN NAME OF MOTHER: Sibella Robertson

12 BIRTHPLACE OF MOTHER (City) (State or country): Scotland

13 Informant: Harry Bloomfield
(Address) Winthrop

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 16 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1927, to Sept 16, 1927, that I last saw h er alive on Sept 16, 1927, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH was as follows:

Edema of Lungs.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) Frank E. Westerly, M. D.

(Address) 200 Pleasant St.

Date Sept 17 (Month) (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Sept. 19 27

19 UNDERTAKER C A Rollins ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Childress M.D. Official position Health Officer Date of issue of permit 9/19/27 Permit No. 1297

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000

Sept. 16, 1927.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 7971 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. FAULKNER HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (MALE) GOLDBERG

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 201 SHORE DRIVE St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		18	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER MAURICE

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country) MASS.

11 MAIDEN NAME OF MOTHER GERTRUDE GOLDMAN

12 BIRTHPLACE OF MOTHER (city or town) WORCESTER
(State or country) MASS.

13 Informant M. GOLDBERG
(Address) 201 SHORE DRIVE WINTHROP

14 Filed SEP. 21 19 27 E W M Glennen
Registrar of city or town where death occurred

Filed SEP. 30, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT. 18 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 1, 19 27 to SEPT. 18 19 27,
that I last saw h IM alive on SEPT. 18, 19 27,
and that death occurred, on the dated stated above, at 9 A m.
The CAUSE OF DEATH was as follows:

CONGENITAL HEART DISEASE

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) ---------

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ROBERT M. GREEN, M. D.

(Address)

Date SEPT. 19, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (OHEL JACOB) WOBURN
(Cemetery) (City or town)

DATE OF BURIAL 9-19, 19 27

19 UNDERTAKER MANUEL STANETSKY

ADDRESS

30,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, **the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 8000 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. BOSTON STATE HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CATHERINE STRICK

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 4 CHARLES St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F. M.	W.	WIDOWED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	76			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town)
(State or country) IRELAND

PARENTS

9 NAME OF FATHER PETER DONAGHUE

10 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER CECELIA MORRIS

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant LOUISE DONOVAN
(Address) 4 CHARLES ST. WINTHROP

14 Filed SEP. 21, 19 27 Edwin Glenen
Registrar of city or town where death occurred

Filed ____ 30, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT. 18 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 7, 19 27 to SEPT. 18, 19 27,

that I last saw HIM alive on SEPT. 18, 19 27,

and that death occurred, on the dated stated above, at ---- m.

The CAUSE OF DEATH was as follows:

BRONCHO PNEUMONIA

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) PSYCHOSIS WITH CEREBRO ARTERIO SCLEROSIS

(duration) yrs. mos. 35 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I. LAUBER, M. D.

(Address)

Date SEPT. 18. 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (IMM. CONC.) LAWRENCE
(Cemetery) (City or town)

DATE OF BURIAL 9-20, 19 27

19 UNDERTAKER JOHN F. O'MALEY

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or. . from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wm Lot
(City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop Revere notified No. [illegible] St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Carmichael
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 118 Revere Beach Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred X years X months X days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5a If married, widowed or divorced
HUSBAND of —
(or) WIFE of —

6 AGE Years — Months — Days —
If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here Still Born

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) Name of employer —

8 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

9 NAME OF FATHER Edward L. A. Carmichael
10 BIRTHPLACE OF FATHER (City) —
(State or country) Canada
11 MAIDEN NAME OF MOTHER Mary [illegible]
12 BIRTHPLACE OF MOTHER (City) [illegible]
(State or country) Mass.

13 Informant [illegible]
(Address) [illegible]

14 Filed 9/21/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 19, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1927, to ___, 19___, that last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at ___m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Prolapsed cord.

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Frank Handler, M. D.

(Address) 56 Shirley Ave

Date Sept 19 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]
(Cemetery) (City or town)

DATE OF BURIAL 9/21/27

19 UNDERTAKER [illegible]

ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm L. Childress
T-D1

Official position Health Officer Date of issue of permit 9/21/27 Permit NO. 1298

200,000 9-25 No 2662 3

R. B.—WHITE BURNEY, WITH BURNING BLACK INK. (INDIA INK) ON WHITE PAPER. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . .**No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to **all deaths supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)
Registered No. 157

1 PLACE OF DEATH
County Suffolk State Massachusetts
City or Town Winthrop No. 267 Washington Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elsie Adaline Vaughan
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 267 Washington Ave St. Ward,
(If non-resident give city or town and state)
Length of residence in city or town where death occurred 18 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of John Robert Vaughan

6 AGE: Years 37 Months 3 Days 16 IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) Name of employer

8 BIRTHPLACE (City) Fitchburg.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER George Browne.
10 BIRTHPLACE OF FATHER (City) Unable to obtain.
(State or country)
11 MAIDEN NAME OF MOTHER Unable to obtain.
12 BIRTHPLACE OF MOTHER (City) Unable to obtain.
(State or country)

13 Informant John Robert Vaughan
(Address) 267 Washington Ave

14 Filed Sept 24/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 21 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1927, to Sept 21, 1927, that I last saw her alive on Sept 21, 1927, and that death occurred, on the date stated above, at 4:30 A m.
The CAUSE OF DEATH was as follows: (State fully)

Pericarditis, rheumatic
with effusion

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute rheumatic fever

(duration) yrs. 1 mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death Yes For what Pericardial effusion

Date of operation removal Sept 20/27

Was there an autopsy No.

What test confirmed diagnosis X-Ray - Pericardial Effusion

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date Sept 21 1927

18 PLACE OF ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Mt Auburn Cambridge (Cemetery) (City or town)
DATE OF BURIAL Sept 24 1927

19 UNDERTAKER Charles R Bennett
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Smedley
Official position Health Officer
Date of issue of permit 9/22/27
Permit No. 1291

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)
Registered No. 1162

1 PLACE OF DEATH
County Suffolk State Massachusetts

City or Town ~~Boston~~ Winthrop No. 25 Lincoln Terrace, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline T. Kennedy
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Lincoln Terrace St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	60			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Check Lady,
(b) Name of employer Jordan Marsh Co.

8 BIRTHPLACE (City) Boston,
(State or country) Mass.

PARENTS

9 NAME OF FATHER Peter Kennedy

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Ann McCloin

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Sister Mrs. John Crowley
(Address) 25 Lincoln Terrace

14 Filed Sept 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 21 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY That I attended deceased from July 1, 19 27 to Sept 21, 19 27
that I last saw h alive on Sept. 20, 19 27,
and that death occurred, on the date stated above, at 12.20 A m.
The CAUSE OF DEATH was as follows: (State fully)

Cerebral hemorrhage

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No
If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) [illegible], M. D.
(Address) 322 [illegible]
Date Sept 22, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Old Dorchester, Boston
(Cemetery) (City or town)

DATE OF BURIAL 9/23/27

19 UNDERTAKER Richard E. Tilley

ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm D. Caldera M.D. Official position Health Officer Date of issue of permit 9/23/27 Permit No. 130

9-'27-20M.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH

Registered No. 8103
(Place of death)

County Suffolk State Massachusetts

Registered No.
(Place of residence)

City or town Boston No. HARLEY HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (MALE) COHEN
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 49 PEARL St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		1	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER ISAAC

10 BIRTHPLACE OF FATHER (city or town) BOSTON
(State or country) MASS.

11 MAIDEN NAME OF MOTHER MOLLIE BERMAN

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) RUSSIA

13 Informant ISAAC COHEN
(Address) 49 PEARL ST. WINTHROP

14 Filed SEP. 26, 1927 E. W. McGlenen
Registrar of city or town where death occurred

Filed Sep. 30, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT. 22 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 21, 1927 to SEPT. 22, 1927, that I last saw h IM alive SEPT. 22, 1927, and that death occurred, on the dated stated above, at 9 A m.

The CAUSE OF DEATH was as follows:

ALECTASIS--CONGENITAL

PATENT FORAMEN OVALE

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) CONGENITAL CARDIAC

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) JACOB APPLEBAUM, M. D.

(Address)

Date SEPT. 23, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (BETH JOSPH) WOBURN
(Cemetery) (City or town)

DATE OF BURIAL 9-23, 1927

19 UNDERTAKER MANUEL STANETSKY

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc , without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or. . from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

MARGIN RESERVED FOR BINDING

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Revised Notified

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

10,935

Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No.

City or Town Winthrop Community Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gladys P. Jones

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Revere, 218 Mountain Ave Ward.
(Usual place of abode) Revere Mass (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Herbert M. Jones

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	29	1	15	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Portland
(State or country) Me

PARENTS

9 NAME OF FATHER Frank P. Smith

10 BIRTHPLACE OF FATHER (City) Windsor
(State or country) Nova Scotia

11 MAIDEN NAME OF MOTHER Lina M. Fitzgerald

12 BIRTHPLACE OF MOTHER (City) Nova
(State or country) Scotia

13 Informant Herbert M. Jones
(Address) 218 Mountain Ave Revere

14 Filed Sep. 27, 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 23, 1927
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Endometritis, Septic, with associated Septicaemia and Peritonitis, Caused by the Interruption of Pregnancy, Premature, induced.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Leroy Luzius Wright, M.D.

(Address)

Medical Examiner for Suffolk

Date Sept 27 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Glenwood Everett
(Cemetery) (City or town)

DATE OF BURIAL Sept 26-27
(Month) (Day) (Year)

19 UNDERTAKER Chas. R. Bonucci

ADDRESS Winthrop

20 Burial permit issued by Wm. D. Baldrey Official position Health Officer

21 Date of issue 9/26/27 Permit No. 1301

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— ***General Laws, Chap. 38, Sec. 14.***

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Sept. 23, 1927.

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ No. 118 Woodside Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine B Leahy
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 118 Woodside Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If ~~married, widowed~~ or divorced ~~HUSBAND of~~ (or) WIFE of: Dennis J Leahy

6 AGE: Years 70 | Months X | Days X | IF LESS than 1 day ....hrs. or ....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER: Francis McLaughlin
10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
11 MAIDEN NAME OF MOTHER: Ann Doherty
12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant: Miss Margaret Leahy
(Address) 118 Woodside Ave. Winthrop

14 Filed Sept 6/27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. L. Childress, Official Position Health Officer, Date of issue of permit 9/28/27, Permit No. 1302

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 26 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 13, 1927, to Sept 26, 1927,
that I last saw h~~er~~ alive on Sept 26, 1927,
and that death occurred, on the date stated above, at 2:30 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Endocarditis, Acute
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) yrs. 5 mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
If under one year, was infant Breast Fed?
What test confirmed diagnosis

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date Sept 27 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holyhood (Cemetery) Brookline (City or town) DATE OF BURIAL: Sept 29 1927.

19 UNDERTAKER: P. J. McArdle ADDRESS: Chas

R. B. WHITE, PRINTER, 30 ARLINGTON STREET, BOSTON. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2,00,000. 9-26. NO. 6373

-27-20M.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. .He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 153 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arabella H. Allen.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 153 Winthrop St., Ward,
(If non-resident give city or town and state)
Length of residence in city or town where death occurred 45 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Henry G. Allen.
6 AGE Years 88 Months 9 Days 4 IF LESS than 1 day, ... hrs. or ..... min.
IF STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home,
(b) Name of employer
8 BIRTHPLACE (City) Lockport
(State or country) Nova Scotia

PARENTS
9 NAME OF FATHER Edward Emma
10 BIRTHPLACE OF FATHER (City) Lockport
(State or country) Nova Scotia
11 MAIDEN NAME OF MOTHER Venena McPlaren
12 BIRTHPLACE OF MOTHER (City) Chester
(State or country) Nova Scotia

13 Informant Mrs Doris Pelchat
(Address) 153 Winthrop St Winth

14 Filed 10/1/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept (Month) 29 (Day) 1927 (Year)
16 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1927 to Sept 29, 1927
that I last saw her alive on Sept 29, 1927
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH was as follows: (State fully)
Cerebral hemorrhage
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Valvular Heart disease
(duration) 5 yrs. mos. ds.
17 Where was disease contracted if not at place of death —
Did an operation precede death no For what —
Date of operation
Was there an autopsy no
What test confirmed diagnosis
(Signed) Horace J. Soule, M. D.
(Address) 180 Winthrop St
Date Sept 30. 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (Cemetery) (City or town) DATE OF BURIAL
19 UNDERTAKER ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Linares Official position Health Officer Date of issue of permit 10/1/27 Permit No. 1303

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap,* 38, *Sec. 6.*

..He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. 7

1 PLACE OF DEATH
County Suffolk. State Massachusetts
City or Town Winthrop. No. 103 Somerset Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabel Perkins Crossman.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 103 Somerset Ave St., Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 17 years months days. How long in U. S., if of foreign birth? years months days.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of: Wallace D. Crossman

6 AGE: Years 44 Months 11 Days 10 IF LESS than 1 day ..... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) Name of employer

8 BIRTHPLACE (City) Brookline.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER: Frank Murther
10 BIRTHPLACE OF FATHER (City): Boston
(State or country)
11 MAIDEN NAME OF MOTHER: Martha Perkins
12 BIRTHPLACE OF MOTHER (City): Boston
(State or country)

13 Informant: Chas R Brennan
(Address): Winthrop

14 Filed Oct 4 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 30 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1927, to Sept 30, 1927, that I last saw her alive on Sept 30, 1927, and that death occurred, on the date stated above, at 1.10 A. m.
The CAUSE OF DEATH was as follows: (State fully)

Metastatic Carcinoma

(duration) yrs. 3 mos. 11 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death yes For what Carcinoma of Breast

Date of operation Dec. 14 1924

Was there an autopsy no

What test confirmed diagnosis X Ray

(Signed) Richard Metcalf, M. D.

(Address) 114 Pleasant St.

Date Sept 30 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Grove Dorchester (Cemetery) (City or town)
DATE OF BURIAL: Oct 2/27

19 UNDERTAKER: Chas R Brennan
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Calder
Official position: Health Officer
Date of issue of permit: 10/1/27
Permit No. 1304

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

..He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Sharon notified

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston Dist 1 No. 330 Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Rau
(If U. S. War Veteran, specify WAR)

(a) Residence. No 176 Pond St St., Ward, Sharon
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

2.00,000. 9-26. NO. 6373

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

U. S.—WHITE PLAINS, WITH SPACE FOR ONE ENTIRE RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or .....min.
	20	—	—	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer Rev John C O'Brien

8 BIRTHPLACE (City) Somerville
(State or country) Mass.

PARENTS

9 NAME OF FATHER George Rau

10 BIRTHPLACE OF FATHER (City)
(State or country) Germany

11 MAIDEN NAME OF MOTHER Edith Estabell

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

13 Informant Mother
(Address) 176 Pond St Sharon

14 Filed Oct 4 27.
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. (Month) 1 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1927, to Oct 1, 1927,
that I last saw her alive on Oct 1, 1927,
and that death occurred, on the date stated above, at 3.30 p.m.
The CAUSE OF DEATH was as follows: (State fully)

Purpura Haemorrhagica

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) Hayes A. Kelly, M. D.
(Address) 200 Pleasant St
Date Oct 2/1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Stoughton Cem.
(Cemetery) (City or town)

DATE OF BURIAL
Oct 4 1927

19 UNDERTAKER F. A. Kirby
ADDRESS East Bridgewater

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or removal permit was issued Wm D. Cuddy Official position Health Officer Date of issue of permit 10/3/27 Permit No. 1305

3-'27-20M

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *...Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston (Brookline notified) No 507 Pleasant St Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME B. Frank Bartlett
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Searle Ave St., Ward, Brookline
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ada Bartlett

6 AGE: Years 75 | Months 11 | Days | IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Police (Ret'd)
(b) Name of employer: Retired

8 BIRTHPLACE (City): Eliot
(State or country): Maine

PARENTS

9 NAME OF FATHER: William Bartlett
10 BIRTHPLACE OF FATHER (City): Unknown
(State or country): Eliot, Maine
11 MAIDEN NAME OF MOTHER: Elizabeth Cate
12 BIRTHPLACE OF MOTHER (City): Unknown
(State or country): Northwood, N. H

13 Informant: Edward N. Murphy
(Address): 19 Searle Ave Brookline

14 Filed: 4/2 4/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: October (Month) 3 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 11, 1927, to Oct 2d, 1927
that I last saw him alive on October 2d, 1927
and that death occurred, on the date stated above, at 8 A m.
The CAUSE OF DEATH was as follows: (State fully)

Glomerulo Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Valvular heart disease

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death? no For what

Date of operation

Was there an autopsy? no

If under one year, was infant Breast Fed?

What test confirmed diagnosis H N O 3

(Signed) Horace J Soule, M. D.
(Address) Winthrop St Winthrop Mass
Date 10/3/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Forest Hills (Cemetery) Boston (City or town)

DATE OF BURIAL: Oct 5, 1927

19 UNDERTAKER: W. R. Walton Bro
ADDRESS: 546 Tremont Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position: Health Officer
Date of issue of permit: 10/3/27
Permit No. 1306

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 8553 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. PETER BENT BRIGHAM HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME FLORA A. SMITH
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 88 WOODSIDE AVE St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	W.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of FRED H.

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	67	7	23	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) HARMONY
(State or country) MAINE

PARENTS

9 NAME OF FATHER WILLIAM SMITH

10 BIRTHPLACE OF FATHER (city or town) HARMONY
(State or country) MAINE

11 MAIDEN NAME OF MOTHER ANN M. THURSTON

12 BIRTHPLACE OF MOTHER (city or town) PITTSFIELD
(State or country) MAINE

13 Informant W. S. DOLOFF
(Address) 88 WOODSIDE AVE. WINTHROP

14 Filed OCT. 11 1927 Edwin Glenen
Registrar of city or town where death occurred
Filed Oct 27, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH OCT. 8 (Month) (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 28, 1927 to OCT. 8, 1927, that I last saw h ER alive on OCT. 8, 1927, and that death occurred, on the dated stated above, at 10 A m.

The CAUSE OF DEATH was as follows:

CHRONIC HYPERTROPHIED ARTHRITUS

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) BILATERAL BRONCHIAL PNEUMONIA

(duration) yrs. mos. 24 HRS

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? NO

What test confirmed diagnosis? CLINICAL

(Signed) LESLIE H. WRIGHT, M. D.

(Address)

Date OCT. 8, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (PITTSFIELD) MAINE (Cemetery) (City or town)

DATE OF BURIAL 10-12, 1927

19 UNDERTAKER R. & E. F. GLEASON

ADDRESS

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation. the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-305

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Boston
(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No. (Place of death) Registered No. 8555 (Place of residence)

City or Town Boston No. E. B. RELIEF STATION St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM H. RUNNELS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 64 LINCOLN ST. St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	W.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of JULIA C.

6 AGE	Years	Months	Days	If less than 1 day, ...hrs. or ....min.
	66			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ROAD MASTER

(b) Name of employer B. R. B. & L. R. R.

8 BIRTHPLACE (city or town) LYNNE
(State or country) N. H.

PARENTS

9 NAME OF FATHER GEORGE W.

10 BIRTHPLACE OF FATHER (city or town) (State or country) LYNNE, N. H.

11 MAIDEN NAME OF MOTHER MARY E. TYLER

12 BIRTHPLACE OF MOTHER (city or town) (State or country) LYNNE, N. H.

13 Informant MRS. GEORGIA COUSINS
(Address) 64 LINCOLN ST. WINTHROP

14 Filed OCT. 11 19 27 E. W. McGlenen
Registrar of city or town where death occurred

Filed Oct. 27 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH OCT. (Month) 8, (Day) 1927 (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

INTERNAL INJURIES INCLUDING
POSSIBLE FRACTURE OF THE SPINE
CAUSED BY A STEAM RAILROAD ACCIDENT.

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date OCT. (Month) 8, (Day) 1927 (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (TRUNBY) HOLDERNESS, N. H.

DATE OF BURIAL 10-12-27 (Month) (Day) (Year)

19 UNDERTAKER CHARLES R. BENNISON

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

Oct. 8. 1927.

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County ~~Suffolk~~ State Massachusetts • Registered No.
City or Town ~~Boston~~ Winthrop No. 26 Woodside Pk. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston Notified

2 FULL NAME David W. Simpson
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 427 Meridian E. B. St., Ward.
(Usual place of abode)
(If non-resident give city or town and state)
Length of residence in city or town where death occurred years months 14 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Helen

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	5	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ship Broker
(b) Name of employer

8 BIRTHPLACE (City) E. Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Mathew Simpson

10 BIRTHPLACE OF FATHER (City) Londonderry
(State or country) England

11 MAIDEN NAME OF MOTHER Jane Scott

12 BIRTHPLACE OF MOTHER (City) Manchester
(State or country) England

13 Informant Jane Simpson
(Address) E. Boston

14 Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Health Officer Date of issue of permit 10/11/27 Permit NO. 1305

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 8 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 6, 1927, to October 8, 1927, that I last saw h im alive on October 8, 1927 and that death occurred, on the date stated above, at 9.30P. m.

The CAUSE OF DEATH was as follows:
Interstitial Nephritis
(Chronic)
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial myocarditis
(duration) 4 yrs. — mos. — ds

17 Where was disease contracted if not at place of death? ~~FOR WHAT?~~
Did an operation precede death? ~~No~~ Date of —
Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis? Physical exam: history: symptoms. urine exam

(Signed) Sallie H. Saunders M. D.
(Address) 32 Woodside Park, Winthrop
Date October 8 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL Oct 11, '27

19 UNDERTAKER C. A. Rollins

ADDRESS E. Boston

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No 25 Moore St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridget Walsh
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Moore ST St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years 53 Months — Days — IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Ireland

PARENTS

9 NAME OF FATHER: John
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Cannot be learned
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Mrs. Fallon
(Address): 25 Moore St.

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress 9.8.9.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 10 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to Oct 10, 1927,
that I last saw her alive on Oct 10, 1927,
and that death occurred, on the date stated above, at 8 A m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular Heart Disease

(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death no For what
Date of operation —
Was there an autopsy no
What test confirmed diagnosis Purpural Abnormalities
(Signed) R B Parker, M. D.
(Address) Winthrop Mass
Date Oct 10, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Pauls Arlington (Cemetery) (City or town)
DATE OF BURIAL: 10/12.27

19 UNDERTAKER: John F. O'Malley ADDRESS: Winthrop

Official position Health Officer Date of issue of permit 10/10/27. Permit No. 1307.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 69 Almont St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Brooks
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 69 Almont St. St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of John

6 AGE: Years 80 Months Days IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland

PARENTS

9 NAME OF FATHER John Morgan
10 BIRTHPLACE OF FATHER (City) (State or country) Ireland
11 MAIDEN NAME OF MOTHER Bridget Gateley
12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant M. Brooks
(Address) 69 Almont St.

14 Filed Oct 24/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 10 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1927, to Oct 10, 1927, that I last saw h[er] alive on Oct 10, 1927, and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Physical Examination

(Signed) R. B. Parker, M. D.
(Address) Winthrop Mass
Date Oct 11 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary (Cemetery) Boston (City or town) — DATE OF BURIAL: 10/12/27

19 UNDERTAKER: John F. O'Brien — ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm J Sanders Official position Health Officer Date of issue of permit 10/11/27 Permit No. 1309

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died;. . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk. State Massachusetts Registered No.
City or Town Winthrop. No. 82 Hermon St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Williams.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 82 Hermon St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 11 years months days. How long in U. S., if of foreign birth? 11 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
	84	3	7	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Rye.
(State or country) Isle of Wyte, England.

PARENTS

9 NAME OF FATHER William Herbert.
10 BIRTHPLACE OF FATHER (City)
(State or country) England.
11 MAIDEN NAME OF MOTHER Unable to obtain.
12 BIRTHPLACE OF MOTHER (City) Unable to obtain.
(State or country)

13 Informant Frederick W. Williams
(Address) 82 Hermon St.

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued [illegible] Official position Health Officer Date of issue of permit 10/16/27 Permit No. 1312

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 13 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
June, 1926, to Oct 13, 1927
that I last saw she alive on Oct 12, 1927
and that death occurred, on the date stated above, at 7 H m.
The CAUSE OF DEATH was as follows: (State fully)

General Uterine Sclerosis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death — For what —
Date of operation —
Was there an autopsy —
What test confirmed diagnosis —

(Signed) Harry A. [illegible], M.D.
(Address) 2 so Endicott
Date 10/16/27 Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Oct 16, 1927.

19 UNDERTAKER Charles P. Bennison ADDRESS Winthrop.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County ~~Suffolk~~ State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Howard Wood
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 257 Winthrop St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Emma L. Wadsworth

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
76	11	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) Name of employer "

8 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS

9 NAME OF FATHER William Wood

10 BIRTHPLACE OF FATHER (City) (State or country) Concord, Mass.

11 MAIDEN NAME OF MOTHER Harriet Moody

12 BIRTHPLACE OF MOTHER (City) (State or country) Salem, Mass

13 Informant Jane E. Wadsworth
(Address) 257 Winthrop St. Winthrop

14 Filed Oct 24/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 13 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Oct. 12, 1927, that I last saw h im alive on Oct. 12, 1927, and that death occurred, on the date stated above, at 8. 40 P. m.

The CAUSE OF DEATH was as follows:

Pulmonary Oedma

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Oesophagus

(duration) 1 yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

If under one year, was infant Breast-fed?

What test confirmed diagnosis? Clinical Signs

(Signed) Ernest E. Bowers, M. D.

(Address) 240 Sumner St. E. Boston, Mass

Date Oct. 14, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mayflower Cemetery, Duxbury, Mass. (Cemetery) (City or town)

DATE OF BURIAL Oct. 17, 1927

19 UNDERTAKER J. F. Waterman & Sons, Inc.

ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Muldrey, M. D.

Official position Health Officer Date of issue of permit 10/14/27

Permit NO. 1311

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

27-2031.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 8744 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. CHANNING HOME St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ETHEL R. STEVENSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 115 LORING RD St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of CHESTER

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	26	6	15	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) Name of employer

8 BIRTHPLACE (city or town) SALEM
(State or country) MASS.

PARENTS

9 NAME OF FATHER MALCOM E. MC BRIDE

10 BIRTHPLACE OF FATHER (city or town) -----
(State or country) PENN.

11 MAIDEN NAME OF MOTHER BRIDGET O'MALLEY

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant HUSBAND
(Address) 115 LORING RD. WINTHROP

14 Filed OCT. 18, 1927 Edwin Glenen
Registrar of city or town where death occurred

Filed ____, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH OCT. 15 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from SEPT. 26, 1927 to OCT. 15, 1927, that I last saw h ER alive on OCT. 15, 1927, and that death occurred, on the dated stated above, at 6 P m.

The CAUSE OF DEATH was as follows:

PULMONARY TUBERCULOSIS

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) -----

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) DONALD S. KING, M. D.

(Address)

Date OCT. 16, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(OAK GROVE) (MEDFORD)
(Cemetery) (City or town)

DATE OF BURIAL 10-18, 1927

19 UNDERTAKER
LONG & MARGAESON

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

50,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . .or . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, **the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 30 Vine ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Russell · Pierce
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 30 Vine ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 54 years 11 months 8 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 AGE: Years 54 | Months 11 | Days 8 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) Name of employer —

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Alfred H. Pierce

10 BIRTHPLACE OF FATHER (City) Malden
(State or country) Mass

11 MAIDEN NAME OF MOTHER Ellen V. Pivalon

12 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Mass

13 Informant C R Bennum
(Address) Winthrop Mass

14 Filed ___ (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 16 (19 27)
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Oct 16, 1927, that I last saw h alive on Oct. 15, 1927, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH was as follows:

Pleurisy Empyema
Chronic

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? FOR WHAT? Date of —

Was there an autopsy? No

What test confirmed diagnosis? If under one year, was infant Breast Fed?

(Signed) C Sumner, M. D.
(Address) 30 Vine ave
Date Oct. 17 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: Oct 18/27

19 UNDERTAKER: C R Bennum
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Eaton M.D. Official position Health Officer Date of issue of permit 10/18/27 Permit NO. 1313

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

0,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;... **No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

MR-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 234 River Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston notified

2 FULL NAME Rosa Tumasso
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 46 Hull St. Boston Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months 7 days. How long in U. S., if of foreign birth? 60 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Joseph

6 AGE: Years 84; Months; Days; IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City)
(State or country): Italy

PARENTS

9 NAME OF FATHER: Francesco Malatesta
10 BIRTHPLACE OF FATHER (City)
(State or country): Italy
11 MAIDEN NAME OF MOTHER: Pasqualina Leverone
12 BIRTHPLACE OF MOTHER (City)
(State or country): Italy

13 Informant: Mrs. Louise Kelsey
(Address): 207 River Rd.

14 Filed ..... REGISTRAR
(Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Oct 17 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1927 to Oct 16, 1927
that I last saw her alive on Oct 16, 1927
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH was as follows: (State fully)

Myocarditis

(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary): Senility
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death: no For what
Date of operation: no
Was there an autopsy: no
If under one year, was Infant Breast Fed?
What test confirmed diagnosis
(Signed) Sergio M Bartoni M. D.
(Address) 2 Bruce
Date Oct 19, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary (Cemetery) Boston (City or town)
DATE OF BURIAL: 10/22/27.

19 UNDERTAKER: Michael J. Porcella
ADDRESS: 10 N. Bennet St.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Wm. D. Childress
Official position: Health Officer
Date of issue of permit: 10/22/27 Permit No. 1314

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

9-26. NO. 6373 200,000.

-'27-20M.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 254 Main St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth M. Kirby
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 254 Main St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2,00,000. 9-26. NO. 8373

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Richard C. Kirby

6 AGE: Years 50 Months – Days – IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) Name of employer

8 BIRTHPLACE (City) East Boston.
(State or country) Massachusetts.

PARENTS

9 NAME OF FATHER: John Driscoll.
10 BIRTHPLACE OF FATHER (City) St. John.
(State or country) Ireland.
11 MAIDEN NAME OF MOTHER: Mary Guy Kinn
12 BIRTHPLACE OF MOTHER (City) East Boston.
(State or country) Massachusetts.

13 Informant: Richard C. Kirby.
(Address)

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 23 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 10/19, 1927, to 10/23, 1927,
that I last saw her alive on Oct. 23, 1927
and that death occurred, on the date stated above, at 3.45 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Edema of Lungs.

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death — For what —
Date of operation —
Was there an autopsy —
What test confirmed diagnosis —

(Signed) Harry A. Kelly, M. D.
(Address) 200 Pleasant
Date 10/23/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden (Cemetery) (City or Town) DATE OF BURIAL Oct 26, 1927

19 UNDERTAKER: Charles R Bennett ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childers M. D. Official position Health Officer Date of issue of permit 10/26/27 Permit No. 1315

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Registered No.
City or Town Winthrop No Winthrop Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Brown
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 9 Cliff ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	—			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fisherman
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country)

PARENTS

9 NAME OF FATHER Willard L. Brown
10 BIRTHPLACE OF FATHER (City) Gardiner Me
(State or country)
11 MAIDEN NAME OF MOTHER Elsie M. Grindall
12 BIRTHPLACE OF MOTHER (City) Brewer Me.
(State or country)

13 Informant Willard L Brown
(Address) 9 cliff ave Winthrop

14 Filed
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 25 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19,
that I last saw h alive on , 19,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death For what
Date of operation
Was there an autopsy
What test confirmed diagnosis Gross Observation
(Signed) Raymond B Clarke, M. D.
(Address) Winthrop Mass
Date Oct 27 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL
Oct 28-1927

19 UNDERTAKER
Frank E Brown
ADDRESS
Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm L Lindsey Official position Health Officer Date of issue of permit 10/28/27 Permit No. 1310

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
200,000. 9-26. NO. 6373

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town) Registered No. 1962

1 PLACE OF DEATH
County Suffolk State Massachusetts
City or Town Boston Ward Hinthrop 586 Shirley St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Male Lavoie
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 586 Shirley St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days IF LESS than 1 day, hrs. or min.
Death at birth

IF STILLBORN, enter that fact here stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

PARENTS

9 NAME OF FATHER George A Lavoie
10 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass
11 MAIDEN NAME OF MOTHER Estelle Malo
12 BIRTHPLACE OF MOTHER (City) Lynn
(State or country) Mass

13 Informant Geo. A Lavoie
(Address) 586 Shirley St. Winthrop

14 Filed Oct 26 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 25 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1927 to Oct 25, 1927
that I last saw h alive on Stillborn, 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)
asphyxiation

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Prolapse Cord, breech
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
If under one year, was infant Breast Fed?
What test confirmed diagnosis

(Signed) William Hawkson, M. D.
(Address) 59 Shirley St
Date Oct 25

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Hawthrop Cemetery
(Cemetery) (City or town)
DATE OF BURIAL Oct 29 1927

19 UNDERTAKER T.C. Kirby
ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M. D.
Official position Health Officer
Date of issue of permit 10/31/27
Permit No. 1319

A-27-20M

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000. 9-26. NO. 6373

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Donahue
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Ocean View St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

200,000. 9-26. NO. 6373

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months / Days
IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

9 NAME OF FATHER Edward J.
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
11 MAIDEN NAME OF MOTHER Rachael Gillespie
12 BIRTHPLACE OF MOTHER (City) Winthrop Mass
(State or country)

13 Informant Edward J. Donahue
(Address) 20 Ocean View St.

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 28 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 28 1927, to Oct 28 1927;
that I last saw h[illegible] alive on Oct 28 1927,
and that death occurred, on the date stated above, at 5— m.
The CAUSE OF DEATH was as follows: (State fully)

atelectasis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Clinical

(Signed) Sydney [illegible] M.D.
(Address) Winthrop Mass
Date Oct 30, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
[illegible] Calvary [illegible] Boston
(Cemetery) (City or town)
DATE OF BURIAL II/3/27

19 UNDERTAKER [illegible] F C Tuby
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Tildsley
Official position Health Officer
Date of issue of permit 10/31/27
Permit No. 1317

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston Winthrop No. 5 Buckingham Terrace St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella-Florena Davis
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 5 Buckingham St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 7 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	White	Widow

5a If married, widowed ~~or divorced~~
~~HUSBAND~~ of
(or) ~~WIFE of~~ David H. Davis.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	81	9	8	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer —

8 BIRTHPLACE (City) Lunenburg
(State or country) Me

PARENTS

9 NAME OF FATHER Joseph Trevorgy
10 BIRTHPLACE OF FATHER (City) Lunenburg
(State or country) Me
11 MAIDEN NAME OF MOTHER Harriett Conlin
12 BIRTHPLACE OF MOTHER (City) Lunenburg
(State or country) Me

13 Informant Geo. H. Davis
(Address) 5 Buckingham Terrace

14 Filed ___ ___ ___
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 27, 1927, to October 29, 1927, that I last saw h[illegible] alive on October 29, 1927, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH was as follows:
Uremia (coma)

(duration) ___ yrs. ___ mos. 3 ds.
CONTRIBUTORY (SECONDARY) Passive Congestion (General)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? FOR WHAT? Date of no
Was there an autopsy? no
What test confirmed diagnosis? If under one year, was infant Breast Fed?

(Signed) H. J. Soule, M. D.
(Address) 180 Winthrop St Winthrop
Date Oct 31 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Pine St Cemetery Somerville Mass.
(Cemetery) (City or town)
DATE OF BURIAL Nov 1-27

19 UNDERTAKER Chas. P. Brennan
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M. D.
Official position Health Officer Date of issue of permit 10/31/27 Permit NO. 1320

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

0,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.

City or Town Winthrop No 30 Wilshire St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Leary
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Wilshire St. St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John F.

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	64			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) St. Johns
(State or country) N.B.

PARENTS

9 NAME OF FATHER John Mahoney

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Catherine Butler

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant John F. Leary
(Address) 30 Wilshire St.

14 Filed 10/31/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 30 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 23 1927 to Oct 30 1927, that I last saw h[illegible] alive on Oct 30 1927, and that death occurred, on the date stated above, at 10-3 m.
The CAUSE OF DEATH was as follows: (State fully)

Tuberculosis of lungs
arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of [illegible]
(duration) 2 yrs. mos. ds.

17 Where was disease contracted if not at place of death ?
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Clinical
(Signed) [illegible], M. D.
(Address) [illegible]
Date Oct. 30, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Cathedral Savannah, Ga.
(Cemetery) (City or town)

DATE OF BURIAL
11/3/27

19 UNDERTAKER John F. Leary
ADDRESS Winth[illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress
Official position Health Officer Date of issue of permit 10/31/27 Permit No. 131

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. Winthrop (City or town)

City or Town Winthrop No. 36, Atlantic Street St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Percy Magee
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 36 Atlantic St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nettie M. Conohan Magee

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	52	10	13	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Express
(b) Name of employer Magee's Express Co.

8 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS

9 NAME OF FATHER Edward F. Magee

10 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Massachusetts

11 MAIDEN NAME OF MOTHER Elixsbeth Mann

12 BIRTHPLACE OF MOTHER (City)
(State or country) Maine

13 Informant Mr William J. G. Conohan
(Address) 3 Ramunas Pl. Greenwood, Mass

14 Filed ___ (Month) ___ (Day) ___ (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Culdrey Official position Clerk Date of issue of permit 12/1/27 Permit No. 1321

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 30 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Oct 30, 1927, that I last saw h[illegible] alive on Oct 29, 1927, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis.

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) ___ yrs. 4 mos. ___ ds

17 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & laboratory

(Signed) R W Leighton, M. D.

(Address) Winthrop Mass

Date Nov 1 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop - Winthrop (Cemetery) (City or town) DATE OF BURIAL Nov. 1927

19 UNDERTAKER Long & Margeson ADDRESS Winthrop

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or. . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

MR-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop ~~BOSTON~~ (City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town ~~Boston~~ Winthrop No. 53 Thornton Pk St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna B. McCarthy
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 53 Thornton Pk St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 11 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Henry McCarthy

6 AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
	40			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Michael Scott

10 BIRTHPLACE OF FATHER (City)
(State or country) Newfoundland

11 MAIDEN NAME OF MOTHER Annie Ronan

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

13 Informant Maude Palmer
(Address) 33 Thornton Pk

14 Filed [illegible]
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress M.D.
Official position Assistant Registrar Date of issue of permit 11/3/27 Permit No. 1322

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct (Month) 31 (Day) 27 (Year)

16 I HEREBY CERTIFY That I attended deceased from Oct 15, 1927, to Oct 31, 1927
that I last saw her alive on Oct 31, 1927
and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of throat

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Carcinoma of Intestines
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —
Did an operation precede death — For what —
Date of operation —
Was there an autopsy —
If under one year, was infant Breast Fed? ....
What test confirmed diagnosis —

(Signed) J. Laurence Kelly, M. D.
(Address) 200 Pleasant St
Date 11/3/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Hingham (Cemetery) Hingham (City or town) DATE OF BURIAL: Nov. 3/27

19 UNDERTAKER Ed A. Lane ADDRESS Dorchester

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2,000,000. 9-26. NO. 6373

27-20M.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws*, *Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, *as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws*, *Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws*, *Chap. 38*, *Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L.*, *as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No.

City or Town ~~Boston~~ Winthrop No. 32 Oakland St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George H. Russell
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 32 Oakland St., Ward,
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Susan G. Russell

6 AGE	Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
	55	-	-	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Editor
(b) Name of employer: Winthrop Review

8 BIRTHPLACE (City): Boston,
(State or country): Mass.

PARENTS

9 NAME OF FATHER: George H. Russell

10 BIRTHPLACE OF FATHER (City): Boston
(State or country): Mass

11 MAIDEN NAME OF MOTHER: Mary A. Neal

12 BIRTHPLACE OF MOTHER (City): Portland
(State or country): Maine

13 Informant: Mrs. Susan G. Russell
(Address): 32 Oakland St.

14 Filed 11/9/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 3 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Nov. 3, 1927,
that I last saw h~~im~~ alive on Nov 3, 1927,
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Diabetis Mellitus.

(duration) 19 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) R. B. Parker, M. D.
(Address) Winthrop Mass
Date Nov. 4 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: Nov. 7 1927

19 UNDERTAKER: George V. Field & Son.
ADDRESS: Bo. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D. Official position: Health Officer Date of issue of permit 11/4/27 Permit No. 1223

7-205

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000. 9-26. NO. 6373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

1 PLACE OF DEATH Registered No. 9302 (Place of death)

County Suffolk State Massachusetts Registered No. (Place of residence)

City or town Boston No. CARNEY HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GERTRUDE L. FITZGERALD
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 33 COURT St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	42			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work TEACHER
(b) Name of employer WILLIAMS SCHOOL, CHELSEA

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER MICHAEL

10 BIRTHPLACE OF FATHER (city or town)
(State or country) IRELAND

11 MAIDEN NAME OF MOTHER BRIDGET ELMORE

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant EDWIN FITZGERALD (BROTHER)
(Address) 33 COURT RD. WINTHROP

14 Filed NOV. 8, 19 27 Edwin Glenen
Registrar of city or town where death occurred
Filed NOV 9, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH NOV. 3 (Month) (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from NOV. 1, 19 27 to NOV. 3, 19 27, that I last saw h ER alive on NOV. 3, 19 27, and that death occurred, on the dated stated above, at 6 P m.
The CAUSE OF DEATH was as follows:

MYOCARDITIS

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) POST OPERATIVE SHOCK

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?
OBSTRUCTION OF BOWEL
Did an operation precede death? YES Date of 11-1-27
Was there an autopsy?
What test confirmed diagnosis?

(Signed) HYMAN SHRIER, M. D.
(Address)
Date NOV. 3, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(HOLY CROSS) MALDEN
(Cemetery) (City or town)

DATE OF BURIAL 11-7, 19 27

19 UNDERTAKER R. C. KIRBY

ADDRESS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature ot the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent. . or . . from the clerk of the town where the person died; . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk. State Massachusetts. Registered No.
City or Town Winthrop No. 138 Court Road. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Robertson Armstrong.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 138 Court Road St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.
4 COLOR OR RACE: White.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Hattie M. Armstrong
6 AGE: Years 45 Months Days IF LESS than 1 day,.....hrs. or.....min.
IF STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Engraver
(b) Name of employer McKenzie Engraving Co
8 BIRTHPLACE (City) Montreal
(State or country) Canada.

PARENTS
9 NAME OF FATHER William Armstrong
10 BIRTHPLACE OF FATHER (City) Montreal, Que.
(State or country) Canada.
11 MAIDEN NAME OF MOTHER Francis M. Robertson
12 BIRTHPLACE OF MOTHER (City) Washburn - Ont
(State or country) Canada.

13 Informant William J. Armstrong.
(Address) 138 Court Rd.
14 Filed [illegible] 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH ~~Oct~~ Nov. 4 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 3, 1921, to Nov 4, 1927
that I last saw h— alive on Nov 4, 1927
and that death occurred, on the date stated above, at 3.30 P. m.
The CAUSE OF DEATH was as follows: (State fully)
Broken Compensation
Mitral Stenosis & Insufficiency
(Rheumatic Origin)
(duration) yrs. 5 mos. 1 ds.
CONTRIBUTORY (Secondary) Central Edema
(duration) yrs. mos. 24 ds.

17 Where was disease contracted if not at place of death
Did an operation precede death — For what —
Date of operation —
Was there an autopsy —
What test confirmed diagnosis
(Signed) Richard Metcalf, M. D.
(Address) 114 Pleasant St.
Date Nov 5/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop Tomb
(Cemetery) (City or town) Winthrop Mass
DATE OF BURIAL 11/6/27

19 UNDERTAKER Charles P. Emerson
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. S. Childress M.D. Official position Health Officer Date of issue of permit 11/7/27 Permit No. 1324

Nov. 4, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Suffolk State MASSACHUSETTS. Registered No.
Township Winthrop or Village or
City No. Station Hospital, Fort Banks, Mass. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Erwin O. Burlingame
(a) Residence. No. Fort Banks, Mass. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) March 2, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	22	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pvt. Coast Artillery,
(b) General nature of Industry, business, or establishment in which employed (or employer) U.S. Army
(c) Name of employer

9 BIRTHPLACE (city or town) East Providence
(State or country) Rhode Island.

PARENTS
10 NAME OF FATHER Arthur J. Burlingame
11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14 Informant Arthur J. Burlingame
(Address) 4 Langdon St., Boston, Mass.

15 Filed ---, 19--
REGISTRAR
11—2184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7, 1927.

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1927, to November 7, 1927.
that I last saw him alive on November 7, 1927.
and that death occurred, on the date stated above, at 4:30 A m.
The CAUSE OF DEATH* was as follows:

Adenocarcinoma, chronic, severe,
gall bladder & liver.

--- 5 7 (duration) yrs. mos. ds.
CONTRIBUTORY Pneumonia, bacillary, chronic,
(secondary), typo. 1 4 -- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No. Date of
Was there an autopsy? No. Was coroner notified?
What test confirmed diagnosis? Surgical examination
(Signed) Capt. Sanitary Corps, Post Hospital, Fort Banks, Mass. M.D.
, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mansfield Mass	Nov 9 1927
20 UNDERTAKER	ADDRESS
C. R. Pomeroy	Mansfield Mass

Nov 8 1927

Nov. 1. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11—3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2 00,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 78 Pleasant St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Edward Holmes
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 78 Pleasant St. St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 35 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a If married, widowed ~~or divorced~~
~~HUSBAND~~ of
(or) ~~WIFE~~ of Elizabeth ~~Holmes~~

6 AGE: Years 76 Months 9 Days 21 IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Providence R. I.

PARENTS

9 NAME OF FATHER: William Holmes
10 BIRTHPLACE OF FATHER (City) (State or country): Long Island N. Y.
11 MAIDEN NAME OF MOTHER: Unable to obtain
12 BIRTHPLACE OF MOTHER (City) (State or country):

13 Informant: C R Brennan
(Address): Winthrop Mass

14 Filed: Nov 29/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH: Nov (Month) 7 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from
Nov 1925, to Nov 7 1927,
that I last saw him alive on Nov 6 1927,
and that death occurred, on the date stated above, at 2 A. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Personal Observation

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass

Date Nov 7, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn (Cemetery) Winthrop (City or town) DATE OF BURIAL: Nov 10/27

19 UNDERTAKER: C R Brennan ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W D Sinclair Official position Health Officer Date of issue of permit 11/9/27. Permit No. 1327

Nov. 1, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-305

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Boston (City or town)

1 PLACE OF DEATH

County Suffolk State Registered No. (Place of death) Registered No. 9413 (Place of residence)

City or Town Boston No. 275 CONGRESS ST. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLES O. BAKER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 3 BUCKTHORN TERR. St., Ward. WINTHROP, MASS.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of EMMA M.

6 AGE	Years	Months	Days	If less than 1 day, ...hrs. or ....min.
	60			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work SALES MANAGER

(b) Name of employer WHEELER REFLECTOR CO.

8 BIRTHPLACE (city or town) BLANDFORD

(State or country) CONN.

PARENTS

9 NAME OF FATHER ICHABOD -----

10 BIRTHPLACE OF FATHER (city or town) (State or country) CANADA

11 MAIDEN NAME OF MOTHER CARRIE SMITH

12 BIRTHPLACE OF MOTHER (city or town) (State or country) TROY N. Y.

13 Informant REV. R. M. HARPER

(Address) 231 BOWDOIN ST. WINTHROP

14 Filed NOV. 18 27 E. W. McGlenen

Registrar of city or town where death occurred

Filed Nov. 18. 1927

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH NOV. 8, 1927 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES---CARDIO VASCULAR DISEASE.

(DIED SUDDENLY IN HIS OFFICE)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date NOV. 8, 1927 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: STRATFORD, CONN.

DATE OF BURIAL: 11-11-27 (Month) (Day) (Year)

19 UNDERTAKER: C. A. BENNISON

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

Nov. 8. 1927.

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2,00,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk. State Massachusetts Registered No.
City or Town Winthrop No. 25 Ocean View St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Paro.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Ocean View St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): Married

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: Edward E. Paro

6 AGE: Years 46 Months 8 Days 13 IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Quebec, Canada

PARENTS

9 NAME OF FATHER: Joseph Simon
10 BIRTHPLACE OF FATHER (City) (State or country): Quebec, Canada
11 MAIDEN NAME OF MOTHER: unable to obtain.
12 BIRTHPLACE OF MOTHER (City) (State or country): " "

13 Informant: Edward E. Paro
(Address): 25 Ocean View St Winthrop

14 Filed Nov 1 '27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. W. P. Childress Official Title Health Officer Date of issue 11/9/27 Permit 1326

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 6 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Nov 6, 1927, that I last saw h[illegible] alive on Nov. 6, 1927, and that death occurred, on the date stated above, at 7.45 P m.
The CAUSE OF DEATH was as follows: (State fully)

Angina Pectoris

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) C [illegible], M. D.
(Address) 3 [illegible]
Date Nov. 7, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL: Nov. 10, 1927

19 UNDERTAKER: Charles R. Bennerson ADDRESS: Winthrop

Nov. 8. 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. G.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

302

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or town) Danvers 306

1 PLACE OF DEATH Registered No. _____ (Place of death)

County Essex State Mass.

City or town Danvers State Hospital Registered No. _____ (Place of residence)

No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Pennie

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. (Usual place of abode) State Mass. City or Town Winthrop No. 35 Somerset Ave., St.

Length of residence in city or town where death occurred 1 years 10 months 20 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cannot be learned

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	78			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work unknown
(b) Name of employer

8 BIRTHPLACE (city or town) Scotland
(State or country)

PARENTS

9 NAME OF FATHER Cannot be learned

10 BIRTHPLACE OF FATHER (city or town) Scotland
(State or country)

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Scotland

13 Informant Gertrude F. Smith,
(Address) Hathorne

14 Filed 11/14/27. [signature]
Registrar of city or town where death occurred

Filed _____, 19 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 11, 1927.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar. 31, 26 to Nov. 11, 1927, that I last saw h im alive on Nov. 11, 1927, and that death occurred, on the dated stated above, at 10.50 A. m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) W. Franklin Wood, Asst. Supt. M. D.

(Address) Hathorne

Date Nov. 12, 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Glenwood Everett
(Cemetery) (City or town)

DATE OF BURIAL 11/13/27, 19

19 UNDERTAKER David Fuage & Son

ADDRESS Somerville

$0,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

02

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

NEWTON (City or town)

1 PLACE OF DEATH Registered No. 501 (Place of death)

County MIDDLESEX State MASS. Registered No. (Place of residence)

City or town NEWTON No. 20 Mossfield Road St., 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ferguson (MacIntire)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. Taft Avenue St.

(Usual place of abode)

Length of residence in city or town where death occurred years months 10 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Ferguson

6 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	71	11	21	

If STILLBORN, enter that fact here --

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (city or town) Springfield
(State or country) Mass

PARENTS

9 NAME OF FATHER Cannot be learned MacIntire

10 BIRTHPLACE OF FATHER (city or town) --
(State or country) Scotland

11 MAIDEN NAME OF MOTHER Cannot be learned White

12 BIRTHPLACE OF MOTHER (city or town) Cannot be learned
(State or country)

13 Informant Mrs Charles B Tibbits
(Address) 291 River St Boston Mass

14 Filed Nov 23, 19 27 [signature]
Registrar of city or town where death occurred

Filed Nov 23, 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov (Month) 16 (Day) 1927 (Year)

16 **I HEREBY CERTIFY,** That I attended deceased from Nov 7, 1927, to Nov 16, 1927, that I last saw her alive on Nov 16, 1927, and that death occurred, on the dated stated above, at 8:10 p.m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia
(Primary)

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? --

(Signed) Warren W Marston, M. D.

(Address) Newton Mass

Date Nov 17, 1927

18 PLACE OF [illegible] CREMATION, [illegible] Forest Hills (Cemetery) Boston (City or town) DATE OF BURIAL Nov 19, 1927

19 UNDERTAKER R Gleason ADDRESS

R & E F Gleason Dorchester

20,000

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body.. until he has received a permit from the board of health or its agent. .or . from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Suffolk

Township ..... or Village ..... or City Winthrop, (No. Station Hospital, Fort Banks, St.; ..... Ward)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of MASSACHUSETTS

Registered No. .....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Etta Mae Bostrom

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Married Audrew A.

6 DATE OF BIRTH: October 18, (Month) (Day), 1869 (Year)

7 AGE: 58 yrs. 0 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Norwich, Conn.

PARENTS

10 NAME OF FATHER: Julius Palmer

11 BIRTHPLACE OF FATHER (State or country): Norwich, Conn.

12 MAIDEN NAME OF MOTHER: Janette Wilson

13 BIRTHPLACE OF MOTHER (State or country): Norwich, Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. F.E.Smith
(Address) Fort Heath, Mass.

15 Filed Nov 21 1927
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 17, (Month) (Day), 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 18, 1927, to November 17, 1927, that I last saw her alive on November 16, 1927, and that death occurred, on the date stated above, at 1:10 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus.

..... (Duration) ..... yrs. 11 mos. ..... ds.

Contributory (Secondary) Metrorrhagia, recurrent, severe.

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) W.K.Turner, Captain, Medical Corps, U.S.A.
Nov. 18, 1927 (Address) Station Hospital, Ft. Banks,

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Winthrop Center, Mass. DATE OF BURIAL: Nov. 19, 1927

20 UNDERTAKER: C.R.Bennison. ADDRESS: Winthrop, Mass.

11-2184

Permit Issued 11/18/27. By W.D. Childress Health Office. No-1328

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septichaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

MR-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

WINTHROP
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 117. Highland Ave, St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridget M. Fryer
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 117. Highland Ave, St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of John O. Fryer

6 AGE Years	Months	Days	IF LESS than 1 day, ...hrs. or ....min.
84	7	27	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Ireland

PARENTS

9 NAME OF FATHER Daniel Hogan

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Catherine Farrell

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Emily A. Fryer
(Address) 117. Highland Ave, Winthrop

14 Filed Nov 22/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 18 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from October 12 1925, to November 18 1927,
that I last saw her alive on November 18 1927,
and that death occurred, on the date stated above, at 5-55 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Interstitial Nephritis
Uraemia (duration) Uraemia yrs. mos. ds.
CONTRIBUTORY (Secondary) Uraemic Coma
(duration) yrs. mos. 5 ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No
What test confirmed diagnosis Physical and Urinary
(Signed) F. H. McGrath, M. D.
(Address) 32 Congress St Boston Mass
Date 11/21/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Woodlawn (Cemetery) Everett (City or town) Nov. 21, 1927

19 UNDERTAKER Jas H Burns — ADDRESS Chelsea

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childers Official position Health Officer Date of issue of permit 11/21/27 Permit No. 1329.

4 39

Nov. 15, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 36 Taylor St. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John MacEachern
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 36 Taylor St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary
6 AGE Years: 93 Months: Days: IF LESS than 1 day, ... hrs. or ..... min.
IF STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) Name of employer
8 BIRTHPLACE (City): Port Hood
(State or country): N.S.

PARENTS
9 NAME OF FATHER: Angus
10 BIRTHPLACE OF FATHER (City): Port Hood
(State or country): N.S.
11 MAIDEN NAME OF MOTHER: Catherine MacDonald
12 BIRTHPLACE OF MOTHER (City): Port Hood
(State or country): Nova Scotia

13 Informant John MacEachern
(Address) 36 Taylor St.

14 Filed 11/29/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov (Month) 20 (Day) 19 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 19 2[illegible], to ..., 19...,
that I last saw h[illegible] alive on Nov. 18, 19 27,
and that death occurred, on the date stated above, at 7.0 m.
The CAUSE OF DEATH was as follows: (State fully)
myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio sclerosis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death No For what
Date of operation
Was there an autopsy No.
What test confirmed diagnosis
(Signed) C. F. Mahoney, M. D.
(Address) 366 Winthrop St
Date 11/21/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden (Cemetery) (City or town)
DATE OF BURIAL: 11/22/27
19 UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress Official position Health Officer Date of issue 11/29/27 Permit 1330

NO. 6373 2.00,000. 9-26.

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 251 Tuskbury St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Sparer
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 251 Tuskbury St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE — Years | Months | Days: 3 | IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

9 NAME OF FATHER Nathan Sparer
10 BIRTHPLACE OF FATHER (City)
(State or country) Austria
11 MAIDEN NAME OF MOTHER Gertrude Pearlmutter
12 BIRTHPLACE OF MOTHER (City)
(State or country) Austria

13 Informant Nathan Sparer
(Address) 25 Tuxbury St

14 Filed Nov 27/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov (Month) 24 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927 to ....., 19....,
that I last saw h 10 30 alive on Nov 24, 1927
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH was as follows: (State fully)
Premature birth

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death For what
Date of operation
Was there an autopsy
What test confirmed diagnosis
(Signed) Francis Licata, M. D.
(Address) 81 Revere St Rev
Date Nov 25/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Austrian (Cemetery) Woburn (City or town) — DATE OF BURIAL: Nov 25th 1927

19 UNDERTAKER: Manuel Stanetsky — ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress Official position agent Date of issue of permit 11/25 Permit No. 131.

200,000. 9-26. NO. 6373

PRINTING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Nov. 24. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first,** the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc,), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 43, *G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH County ~~Middlesex~~ Suffolk State Massachusetts "Inthrop (City or town) Registered No.

City or Town Winthrop No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Frances Shaneck
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 86 Lincoln St St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years 2 months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Herman Shaneck

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	52	8	9	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) East Bridgewater
(State or country) Massachusetts

PARENTS

9 NAME OF FATHER Martin Perris

10 BIRTHPLACE OF FATHER (City) East Bridgewater
(State or country) Massachusetts

11 MAIDEN NAME OF MOTHER Ella F. Winsor

12 BIRTHPLACE OF MOTHER (City) West Bridgewater
(State or country) Massachusetts

13 Informant Mr. Frederick H. Shaneck
(Address) 86 Lincoln St Winthrop

14 Filed Nov. 28/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 25 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1927, to Nov 25, 1927, that I last saw her alive on Nov 25, 1927, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH was as follows:

Cancer of Liver

(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death? Winthrop Mass

Did an operation precede death? Yes Date of Nov 21-1927

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R L Wharton, M. D.

(Address) 1 Pleasant St Winthrop

Date Nov 28 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL Nov. 28 1927

19 UNDERTAKER Young & Margeson ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress M.D. Official position Health Officer Date of issue of permit 11/28/27 Permit No. 1393

U. S.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

, 200,000 9-25 NO. 2662-3.

Nov. 25, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,". "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

GM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk. State Massachusetts Registered No.
City or Town Winthrop No. 64 Temple Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Woodward Campbell.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 64 Temple Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a If married, widowed or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of: Joseph E. Campbell

6 AGE: Years 30 Months 9 Days 3 IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) Name of employer:

8 BIRTHPLACE (City): Winchester.
(State ~~or country~~): Virginia.

PARENTS

9 NAME OF FATHER: Harry Woodward.
10 BIRTHPLACE OF FATHER (City): Frederick.
(State ~~or country~~): Maryland
11 MAIDEN NAME OF MOTHER: Elizabeth Smith.
12 BIRTHPLACE OF MOTHER (City): Winchester.
(State or country): Virginia

13 Informant: Joseph E. Campbell.
(Address): 64 Temple Ave.

14 Filed 11/29/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. (Month) 26, (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from March, 1927, to Nov. 26, 1927
that I last saw her alive on Nov. 26, 1927
and that death occurred, on the date stated above, at 10.30 A. m.
The CAUSE OF DEATH was as follows: (State fully)

Acute pulmonary tuberculosis.

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Acute general miliary tuberculosis
(duration) yrs. 1 mos. ds.

17 Where was disease contracted if not at place of death unknown.
Did an operation precede death No For what —
Date of operation —
Was there an autopsy No.
What test confirmed diagnosis Laboratory & X ray.

(Signed) Wm. H. Tarrant, M. D.
(Address) 115 Summit Ave, Winthrop, Mass
Date Nov 25, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Hebron, Winchester. (Cemetery) (City or town)
DATE OF BURIAL: Nov 28, 1927.

19 UNDERTAKER: Charles P. Bennison
ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Childress M. D.
Official position: Health Officer
Date of issue of permit 11/26/27 Permit No. 1332

IN. D.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

Nov 25, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County _____ State _____ (City or town) Registered No. _____

City or Town Winthrop, Mass No Winthrop Community Hospital St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Jordan
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 North Ave St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	single

5a If married, widowed or divorced HUSBAND of (or) WIFE of —

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) Name of employer _____

8 BIRTHPLACE (City) Winthrop
(State or country) _____

PARENTS

9 NAME OF FATHER Unknown

10 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

11 MAIDEN NAME OF MOTHER Bertha Nelson

12 BIRTHPLACE OF MOTHER (City) Brockton
(State or country) Mass

13 Informant Father
(Address) 16 North Ave Winthrop

14 Filed Dec 9 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from November, to 29/27, 19____,

that I last saw h____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows: (State fully)

miscarriage (6 months)
(Still born)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death No For what —

Date of operation _____

Was there an autopsy No

What test confirmed diagnosis Clinical

(Signed) Jacob Abramson M. D.

(Address) 362 Lunberg Street Winthrop Mass

Date Nov 29/1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Dec 1927

19 UNDERTAKER Lewis E Brown

ADDRESS Faneuil Station

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. P. Childress M.D. Official position Health Officer Date of issue of permit 12/6/27 Permit No. 1335

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. 2 00,000. 9-26. NO. 6373

Nov. 29, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town Boston- Winthrop No. 33 Crest Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline Leonard
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 33 Crest Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Frank A. Leonard

6 AGE: Years 85 | Months 1 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Waterborough, Me.

PARENTS

9 NAME OF FATHER: William Mason
10 BIRTHPLACE OF FATHER (City) (State or country): Lyman, Me.
11 MAIDEN NAME OF MOTHER: Caroline Murch
12 BIRTHPLACE OF MOTHER (City) (State or country): Biddeford, Me.

13 Informant: Katherine M. Foote
(Address) 33 Crest Ave. Winthrop

14 Filed Dec. 3. 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 30 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 26, 1927, to Nov 30, 1927, that I last saw h e alive on Nov. 29, 1927, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease
Chronic Parenchymatous Nephritis
(duration) 3 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds

17 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date Nov. 30 1927.
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hills Cem. Boston (Cemetery) (City or town) DATE OF BURIAL: Dec. 2

19 UNDERTAKER: J. Waterman Sons ADDRESS: Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Cuddeback M.D.
Official Position Health Officer Date of issue of permit 11/30/27 Permit NO. 1334

200,000 9-25 NO 2662-3

INSTRUCTIONS: PRINT, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

4-27-20M.

Nov. 30. 1921.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . .** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town)

Registered No. 626 (Place of death)

Registered No. 222 (Place of residence)

1 PLACE OF DEATH

County Suffolk State Mass.

City or town Chelsea No. Chelsea Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Magee

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. (Usual place of abode) State Mass. City or Town Winthrop No. 372 Pleasant St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

5a If married, widowed, or divorced
Name of { HUSBAND / (or) WIFE

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	---	---	---	

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (city or town) Chelsea
(State or country) Mass.

PARENTS

9 NAME OF FATHER James Magee

10 BIRTHPLACE OF FATHER (city or town) East Boston
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Elizabeth Hanton

12 BIRTHPLACE OF MOTHER (city or town) Charlestown
(State or country) Mass.

13 Informant James Magee
(Address) 372 Pleasant st., Winthrop

14 Filed 12/6/, 1927 [illegible] Registrar of city or town where death occurred

Filed Dec. 12, 1927 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 2, 1927 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from ---- , 19---, to ---- , 19---,

that I last saw h--- alive on ---- , 19---,

and that death occurred, on the date stated above, at --- m.

The CAUSE OF DEATH was as follows: (State fully)

Stillborn

(duration) ----- yrs. --- mos. 7 ds.

CONTRIBUTORY (SECONDARY) ----

(duration) --- yrs. --- mos. --- ds.

17 Where was disease contracted if not at place of death ---

Did an operation precede death --- For what ---

Date of operation ---

Was there an autopsy no

What test confirmed diagnosis ---

(Signed) Henry L. Plummer, M. D.

(Address) 726 Saratoga st., E. Boston

Date December 5, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Garden Cem. (Cemetery) Chelsea (City or town)

DATE OF BURIAL 12/6/1927, 19

19 UNDERTAKER [illegible] William A. Treanor, 559 Saratoga st., E. Boston

ADDRESS

4312

may be properly classified. Exact statement of OCCUPATION is very important.

Dec. 2. 1927

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 10183 (Place of death)

Registered No. (Place of residence)

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or town Boston No. MASS. GENERAL HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HATTIE S. KEMP

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 47 SUMMIT AVE. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ARTHUR E.

6 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
53			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work AT HOME
(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER SCOTT M. COFFRON

10 BIRTHPLACE OF FATHER (city or town) UNKNOWN
(State or country) NEW HAMPSHIRE

11 MAIDEN NAME OF MOTHER MARY E. BERGIN

12 BIRTHPLACE OF MOTHER (city or town) -------
(State or country) MAINE

13 Informant HUSBAND
(Address) 47 SUMMIT AVE. WINTHROP

14 Filed DEC. 8, 1927 Edwin G. Glenen
Registrar of city or town where death occurred
Filed ____, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 5 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY**, That I attended deceased from DEC. 2, 1927, to DEC. 5, 1927, that I last saw h ER alive on DEC. 5, 1927, and that death occurred, on the dated stated above, at 2 P m.

The CAUSE OF DEATH was as follows:

HYPERTENSION AND ARTERIO SCLEROTIC HEART DISEASE,

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) CORONARY OCCLUSIONS

(duration) yrs. mos. 1 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) GEORGE A MAC IVER, M. D.

(Address)

Date DEC. 5, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WINTHROP) WINTHROP (Cemetery) (City or town)

DATE OF BURIAL 12-5, 1927

19 UNDERTAKER C. R. BENNISON

ADDRESS

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

P-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 10228

1 PLACE OF DEATH

County Suffolk State Massachusetts (Place of death)

Registered No. (Place of residence)

City or town Boston No. ST. ELIZABETHS HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE H. HARRIS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 29 SUNNYSIDE AVE St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ISABEL

6 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
64			

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work METAL BROKER
(b) Name of employer ------

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER WILLIAM

10 BIRTHPLACE OF FATHER (city or town)
(State or country) ENGLAND

11 MAIDEN NAME OF MOTHER MARY RYAN

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) IRELAND

13 Informant ISABELL HARRIS
(Address) 29 SUNNYSIDE AVE. WINTHROP

14 Filed DEC. 8, 1927 E W McGlenen
Registrar of city or town where death occurred

Filed ____, 1927
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 6 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from DEC. 2, 1927 to DEC. 6, 1927, that I last saw h IM alive on DEC. 6, 1927, and that death occurred, on the dated stated above, at 9 A m.

The CAUSE OF DEATH was as follows:

PROSTRATE OBSTRUCTION

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PYELONEPHRITIS-MYOCARDITIS

(duration) yrs. mos. 14 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) PHILIP P. MC GOVERN, M. D.

(Address)

Date DEC. 6, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WINTHROP) WINTHROP
(Cemetery) (City or town)

DATE OF BURIAL 12-9, 1927

19 UNDERTAKER J. F. O'MALEY

ADDRESS

24—50,000

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," 'Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . until he has received a permit from the board of health or its agent, . or . . . from the clerk of the town where the person died; . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate** . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation. the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Lynn Register

16,099-

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town) .....

1 PLACE OF DEATH

County Suffolk- State ..... Registered No. .....

City or Town Winthrop; Tracks B & B & L R.R. near Winthrop Beach Sta No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Franey-

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Lynn, 38 Bumkin Ave St., ... Ward.

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred ..... years ..... months ..... days How long in U. S., if of foreign birth? ..... years ..... months ..... days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katherine Silk

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	56			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Section Boss
(b) Name of employer B. R. B & Lynn R. R.

8 BIRTHPLACE (City) Galway
(State or country) Ireland.

PARENTS

9 NAME OF FATHER Michael Franey

10 BIRTHPLACE OF FATHER (City) Galway
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Bridget Commons

12 BIRTHPLACE OF MOTHER (City) Galway
(State or country) Ireland

13
Informant John F. Franey
(Address) Natick.

14
Filed Dec 9 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 8 1927
(Month) (Day) (Year)

16
I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Multiple injuries caused by a Steam railroad accident

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? Winthrop

(Signed) Leroy Bangs McLaughlin, M.D.

(Address) .....

Medical Examiner for Suffolk

Date Dec 9, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL		DATE OF BURIAL
St. Mary's (Cemetery)	Lynn (City or town)	Dec. 12, 1927 (Month) (Day) (Year)

19 UNDERTAKER Thos. F. Franey ADDRESS Newton

20 Burial permit issued by ..... Official position ..... 21 Date of issue ..... Permit No. .....

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk,** . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . **He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.**—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FLORIDA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. .....

Registered No. .....

1 PLACE OF DEATH

County Duval — District No. .....

Precinct ..... (Write name, not number) — Precinct No. .....

or Inc. Town ..... — City or Town No. .....

or City Jacksonville, Fla. (No. St. Vincents Hospital St.) Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME Harris Goldberg

(a) Residence. No. ..... Winthrope, Mass. St., ... Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (WRITE THE WORD)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fanny

6 DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

7 AGE 55 yrs. ..... mos. ..... ds. IF LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (City or town) Russia
(State or country)

10 NAME OF FATHER Philip Goldberg

11 BIRTHPLACE OF FATHER (City or Town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER (Cannot be learned

13 BIRTHPLACE OF MOTHER (City or Town) Russia
(State or country)

14 Informant Fanny Goldberg
(Address) .....

15 Filed 12-10-27 19 .....
Form V. S. No. 4 .....

C. H. Hurdy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) December 9th 19 27

17
I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1927, to Dec 9th, 1927
that I last saw h Im alive on Dec 9th, 1927
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia (Right Lobes)
.....
.....
.....
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted Unknown- In
if not at place of death? Town only two days
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination

(Signed) B. Manhoff, M. D.
19 (Address) 712 Laura St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal: Arshe Poland Montvale ~~Boston, Mass.~~ Woburn.

Date of Burial or Removal 12-10-27

20 UNDERTAKER McCulton & Kyle

ADDRESS Jax Fla

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired,* 6 *yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthonia," "Anemia" (merely symptomatic, "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ALL CERTIFICATES MUST BE WRITTEN PLAINLY, WITH UNFADING BLACK INK.

INFORMANT'S SIGNATURE

Items 1 to 13, inclusive, must be made over the *signature of the informant.*

MEDICAL CERTIFICATE OF DEATH

Items 16 and 17 to be made over the signature of the physician or other person responsible for making this portion of the certificate.

UNDERTAKER'S SIGNATURE

All death certificates must be made over the *signature of the Undertaker* or person acting as such.

RUBBER STAMP SIGNATURES NOT PERMITTED

Informants, Physicians, Coroners, Undertakers and Registrars must not use rubber stamp signatures—death certificates will be permanently preserved, and to be of value for legal purposes—*all signatures must be written with unfading black ink.*

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2-00-000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. Jacksonville Flat St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harris Goldberg
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 23 Wave Ave Ward Winthrop Mass
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Fanny

6 AGE 55 Years Months Days IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

PARENTS

9 NAME OF FATHER Shlif Goldberg
10 BIRTHPLACE OF FATHER (City) Russia
(State or country)
11 MAIDEN NAME OF MOTHER (Can not be learned)
12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Fanny Goldberg
(Address) 23 Wave Ave Winthrop

14 Filed 12-15-27 DEC 15 1927
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Official position Date of issue of permit Permit No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19,
that I last saw h alive on , 19,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death For what
Date of operation
Was there an autopsy
If under one year, was infant Breast Fed?
What test confirmed diagnosis

(Signed) , M. D.
(Address)
Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Amsha Poland Montvale DATE OF BURIAL 12/13/27
(Cemetery) (City or town)

19 UNDERTAKER Charles S Boguschs ADDRESS 73 Village St

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

STATE BOARD OF HEALTH OF FLORIDA

BUREAU OF VITAL STATISTICS

52786

County.....

Precinct.....
(Write name, not number)
or
Inc. Town.....
or
City Jacksonville, Fla.

Permit No.....

Removal and Burial Permit

Reg. Dist. No. 13-01

Full name Harris Goldberg; Age 55; Sex M; Color W

Disease causing Death Lobar Pneumonia

Date of death 10/9/27, 19....

Removal to Boston, Mass., via.....

Undertaker Moulton & Kyle Address Jacksonville, Fla.

A Certificate of Death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the removal and burial of the body of said deceased person as stated above.

Dated 10/10, 1927 Registrar's Signature C. H. Perry

Burial Permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the Removal Permit, the body must be accompanied by a Transit Label as required by the State Board of Health. For full particulars see Rules and Regulations governing the transportation of dead bodies.

Sexton's Signature..... Date of Interment.....19.....

This permit must be indorsed by the sexton and returned to the Local Registrar of his district within ten days. If there is no sexton or person in charge of burial ground, the undertaker or person acting as such, shall sign same as sexton, giving date of interment. Write across face of permit the words, **"No person in charge,"** and return to Local Registrar of the district in which interment is made within ten days.

INSTRUCTIONS TO PASSENGER ACCOMPANYING REMAINS

This Burial and Removal Permit must be filled out by the Local Registrar of the registration district in which the death occurred from information stated on the Death Certificate, over his signature.

The transportation company's agent or baggagemaster must detach this portion of the permit and hand it to the person authorized to accompany the remains.

If the body is shipped by express, the express agent must detach this portion of the Transit Permit and attach it to the Waybill, as it must accompany the remains to its destination. The receiving agent to turn over this Permit to the receiving undertaker, or person to whom the body is delivered.

The passenger accompanying the remains must deliver this Permit to the undertaker or person having charge of the burial of the body.

This Permit authorizes the burial of the body of the deceased named on the reverse side of this Permit at any place in the State of Florida.

Dec. 7, 1927

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-'25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Registered No.
City or Town Winthrop No. 125 Herman St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Aloysius Mc Donough.
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 125 Herman St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	31	—	—	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country)

PARENTS

9 NAME OF FATHER James Mc Donough

10 BIRTHPLACE OF FATHER (City) St Johns
(State or country) N. F.

11 MAIDEN NAME OF MOTHER Mary A. Walsh

12 BIRTHPLACE OF MOTHER (City) St Johns
(State or country) N. F.

13 Informant Alice Mc Laughlin.
(Address) 125 Herman St Winthrop

14 Filed Dec 15. 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 13 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
_____, 19___, to _____, 19___,
that I last saw h. alive on _____, 19___,
and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH was as follows:
Natural Causes.

Chronic Valvular Heart Disease.
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)
(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal investigation

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health.
Date Dec 13 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Cemetery Rosemary (City or town) Revere
DATE OF BURIAL Dec 16 1927

19 UNDERTAKER T. H. Farrell
ADDRESS Revere

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Chivaras M. D.
Official position Health Officer Date of issue of permit 12/13/27 Permit NO. 1336

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...** The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop. No. 111 Gwens ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia T. Nolan
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 111 Gwens ave St., Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 7 years months days. (If non-resident give city or town and state)
How long in U. S., if of foreign birth? 60 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a If married, widowed ~~or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of: Thomas Nolan

6 AGE: Years 70 Months Days IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Ireland

PARENTS

9 NAME OF FATHER: Joseph. Kittle
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Bridget Mc Donald
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Mrs Chas H. Waldron
(Address) 111 Gwens ave Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Official position Asst Dist Supt. Date of issue of permit 12/19/27 Permit No. 1257

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC (Month) 17 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927 to DEC 17, 1927
that I last saw h[er] alive on Dec 16, 1927
and that death occurred, on the date stated above, at 10.30 a.m.
The CAUSE OF DEATH was as follows: (State fully)

Arteria Sclerosis

(duration) 3 yrs. + mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what —
Date of operation —
Was there an autopsy no
What test confirmed diagnosis —

(Signed) John P. Treanor, M. D.
(Address) 3 Howes St Boston
Date Dec. 18, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holyhood (Cemetery) Brookline (City or town) DATE OF BURIAL Dec. 20, 1927

19 UNDERTAKER: Charles P. Bennison ADDRESS Winthrop

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

200,000. 9-26. NO. 6373

Dec. 17, 1921

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

R-305

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Boston
(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No. Registered No. 10674

City or Town Boston (Place of death) No. CHILDRENS HOSPITAL St., Ward (Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GORDON B. ROBERTSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 78 ATLANTIC ST. St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE	Years	Months	Days	If less than 1 day, ...hrs. or ....min.
	1	1	3	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

PARENTS

9 NAME OF FATHER HERMAN B.

10 BIRTHPLACE OF FATHER (city or town) (State or country) BOSTON,, MASS.

11 MAIDEN NAME OF MOTHER CORDELIA WHEELER

12 BIRTHPLACE OF MOTHER (city or town) (State or country) BREWER , MAINE

13 Informant FATHER

(Address) 78 ATLANTIC ST. WINTHROP

14 Filed DEC. 23, 19 27 Edwin Glenen
Registrar of city or town where death occurred

Filed Dec 28 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 18, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

FRACTURE OF THE SKULL WITH
ASSOCIATED INTRACRANIAL INJURY
CAUSED BY AN ACCIDENTAL FALL

(See reverse side for additional space)

17 Where was injury sustained if not at place of death? WINTHROP, MASS.

(Signed) GEORGE BURGESS MAGRATH, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date DEC. 19, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (WINTHROP) WINTHROP

DATE OF BURIAL 12-21-27 (Month) (Day) (Year)

19 UNDERTAKER FRANK E. BROWN

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

Gordon B. Robertson

Dec. 18. 1927

R-305

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Boston
(City or town)

1 PLACE OF DEATH

County Suffolk State Registered No. Registered No. 10711
(Place of death) (Place of residence)

City or Town Boston No. MC, LEOD HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BAYARD T. READ
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 105 GROVER AVE. St., Ward. WINTHROP, MASS.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of CARRIE

6 AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	67	5	24	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work FURRIER

(b) Name of employer

8 BIRTHPLACE (city or town) ---------

(State or country) CANADA

PARENTS

9 NAME OF FATHER MILTON H. READ

10 BIRTHPLACE OF FATHER (city or town) OLDTOWN
(State or country) MAINE

11 MAIDEN NAME OF MOTHER NOT KNOWN

12 BIRTHPLACE OF MOTHER (city or town)
(State or country) OLDTOWN, MAINE

13 Informant MRS. W. L. HALL

(Address) 1180 BEACON ST. BROOKLINE

14 Filed DEC. 27 19 27 Edwin Glenen
Registrar of city or town where death occurred

Filed Dec 28 19 27
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 20, 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

FRACTURE OF SKULL

TRAUMATIC INTRACRANIAL HEMORRHAGE

RIGHT LOBAR PNEUMONAA

FOUND UNCONSCIOUS IN ROADWAY

BEACON ST. BROOKLINE

MANNER OF INJURY UNKNOWN

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) WILLIAM J. BRICKLEY, M.D.

(Address) BOSTON

Medical Examiner for SUFFOLK

Date DEC. 21, 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: BRADFORD, MASS.

DATE OF BURIAL: 12-23-27 (Month) (Day) (Year)

19 UNDERTAKER: A. L. EASTMAN CO.

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

Bayard T. Read
Dec. 20, 1927.

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Winthrop No. 178 Bowdoin St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Alice Mooney.
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 178 Bowdoin St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 17 years months days. How long in U. S., if of foreign birth? 70 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: James Mooney

6 AGE: Years 88 Months 1 Days 24 IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home.
(b) Name of employer

8 BIRTHPLACE (City) Yarmouth
(State or country) Nova Scotia.

PARENTS

9 NAME OF FATHER: Andrew Gavel
10 BIRTHPLACE OF FATHER (City): Unable to obtain.
(State or country)
11 MAIDEN NAME OF MOTHER: Hannah Crocker
12 BIRTHPLACE OF MOTHER (City): Unable to obtain.
(State or country)

13 Informant: Mrs Alice Terry daughter
(Address) 178 Bowdoin St.

14 Filed 12-27-27
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Cudzey
Official position Health Officer Date of issue of permit 12/21/27 Permit 1038

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 20 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 20, 1927, that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 4:30 p.m.
The CAUSE OF DEATH was as follows: (State fully)
Diabetes

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Gangrene Right leg
(duration) yrs. 6 mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death For what
Date of operation
Was there an autopsy
What test confirmed diagnosis
(Signed) Lawrence Kelly, M. D.
(Address) 2 Revere Court
Date 12/21/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: (Cemetery) Winthrop (City or town) Winthrop — DATE OF BURIAL 12/22/27

19 UNDERTAKER — ADDRESS
Charles P. Cameron Winthrop

dec. 20, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass (City or town) Registered No.
City or Town Winthrop No. 316 Revere St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Tierney
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 316 Revere St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.
4 COLOR OR RACE: W.
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W.

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Daniel Tierney

6 AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) Name of employer

8 BIRTHPLACE (City) (State or country): Ireland

PARENTS

9 NAME OF FATHER: James Brady
10 BIRTHPLACE OF FATHER (City) (State or country): Ireland
11 MAIDEN NAME OF MOTHER: Ellen Costello
12 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

13 Informant: Daniel J. Tierney
(Address) 316 Revere St Winthrop

14 Filed 12/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 22 (Day) 1927 (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 11, 1927, to Dec 22, 1927, that I last saw h[illegible] alive on Dec 21, 1927 and that death occurred, on the date stated above, at 1.30 P. m.
The CAUSE OF DEATH was as follows:

I Hemiplegia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Pneumonia
Hypertension (duration) 1 yrs. mos. ds

17 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) F. H. Gilpin, M. D.
(Address) 41 Temple Pl
Date Dec 28 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL
Ft Pauls Arlington
(Cemetery) (City or town)
DATE OF BURIAL 12/26

19 UNDERTAKER: W. F. Corcoran
ADDRESS Cambridge

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. L. Middleton Official position Registration Officer Date of issue of permit 12/27/27 Permit NO. 1334

Dec. 22, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate...**The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass Registered No.

City or Town Winthrop Revere Malden No. Winthrop Community Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elnora Barnes

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 162 Bradstreet Ave St., Ward. Beachmont Mass

(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Burton E Barnes

6 AGE Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
33	7	3	

IF STILLBORN, enter that fact here —

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Lowell
(State or country) Mass

PARENTS

9 NAME OF FATHER Charles E Ross

10 BIRTHPLACE OF FATHER (City) Lowell
(State or country) Mass

11 MAIDEN NAME OF MOTHER Ida F Woodbridge

12 BIRTHPLACE OF MOTHER (City)
(State or country) New Hampshire

13 Informant Husband Burton E Barnes
(Address) 162 Bradstreet ave Revere

14 Filed Dec 27/27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 23 1927
(Month) (Day) (Year)

16 **I HEREBY CERTIFY** that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Septicemia due to
Septic Abortion

Said to have been done by a man at Winthrop Mass

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death? as above

(Signed) H. W. Smedley, M.D.

(Address) 524 Com Ave

Medical Examiner for Suffolk

Date Dec 23 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Glenwood Everett
(Cemetery) (City or town)

DATE OF BURIAL 12/27/27
(Month) (Day) (Year)

19 UNDERTAKER Walter T White

ADDRESS Winthrop

20 Burial permit issued by Official position

21 Date of issue DEC 24 1927 Permit No.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. **No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . .** a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.** The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. **The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.**— *General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . **He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.**—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) **Under cause,** the nature of an injury and of its consequences; and (2) **under manner,** the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) **Under cause,** its known or presumable nature; and (2) **under manner,** indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.— *General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Elnora Barnes
Rec. 23.1927

M R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town)

Registered No. 1162

1 PLACE OF DEATH

County Suffolk State Massachusetts

City or Town Winthrop ~~Boston~~ No. 95 Quincy Avenue, Winthrop St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward P. Barrett
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 95 Quincy Avenue, Winthrop St., Ward,
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U. S., if of foreign birth? 15 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jane C. Croft

6 AGE Years 60 Months Days IF LESS than 1 day, ... hrs. or ..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland

PARENTS

9 NAME OF FATHER Edward P. Barrett

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Catherine McNicols

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant Jane C. Barrett
(Address) 95 Quincy Avenue, Winthrop

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 24 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Dec 27, 1927, that I last saw him alive on Dec 24, 1927, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH was as follows: (State fully)

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —

Did an operation precede death — For what —

Date of operation —

Was there an autopsy —

If under one year, was infant Breast Fed? .....

What test confirmed diagnosis —

(Signed) Harry A. Kelly M.D.

(Address) 200 Pleasant St.

Date 12/27/27

18 PLACE OF BURIAL, CREMATION, OR REMOVAL (Cemetery) Holyhood (City or town) Brookline DATE OF BURIAL 12/28/27

19 UNDERTAKER Richard ADDRESS East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Official position Asst Clerk Date of issue of permit 12/27/27 Permit No. 134

M. D.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

Dec. 24 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

Dr Winthrop Kelley

RM R-301

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 36 Deal St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie S. Swensen
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 36 Deal St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE: Years 24 | Months 8 | Days 4 | IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Factory, tailor
(b) Name of employer

8 BIRTHPLACE (City) South Boston
(State or country) Mass

PARENTS

9 NAME OF FATHER Segval Swensen
10 BIRTHPLACE OF FATHER (City) Norway
(State or country)
11 MAIDEN NAME OF MOTHER Jensine Gutterson
12 BIRTHPLACE OF MOTHER (City) Norway
(State or country)

13 Informant Segval Swensen
(Address) 36 Deal St.

14 Filed Dec 29 1927
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 27. 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from January, 1927, to Dec. 27, 1927,
that I last saw h alive on Dec. 26. 1927,
and that death occurred, on the date stated above, at 5.30 a. m.
The CAUSE OF DEATH was as follows: (State fully)

Acute Pulmonary edema
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 1 yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death hr For what
Date of operation
Was there an autopsy
What test confirmed diagnosis

(Signed) Geo. H Schwartz, M. D.
(Address) 43 Princeton Rd
Date Dec. 28. 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL: Dec 29-1927

19 UNDERTAKER: Frank E. Brown
ADDRESS: East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Tuttle
Official position Undertaker
Date of issue of permit 12/28/27 Permit No. 1241

Dec. 27 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ...*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH County Suffolk State Mass (City or town) Registered No. 244

~~City~~ or Town Winthrop No. 29, River Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Mc Cleary

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 29 River Road St., Ward.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
About 72	Years	Note	Known	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (City) (State or country) England

PARENTS

9 NAME OF FATHER John Mc Cleary

10 BIRTHPLACE OF FATHER (City) (State or country) England

11 MAIDEN NAME OF MOTHER Not known

12 BIRTHPLACE OF MOTHER (City) (State or country) Not known

13 Informant Niece (Address) 29 River Rd Winthrop

14 Filed 12, 3/27 (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 28 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 28, 1927, that I last saw h 21 alive on Dec 27, 1927, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH was as follows:

Carcinoma of intestines

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry A Scally, M. D.

(Address) 200 Tremont St

Date 12 (Month) 28 (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town) DATE OF BURIAL 12/27

19 UNDERTAKER [illegible] ADDRESS [illegible]

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm D Fuller M.D. Official position Medical Officer Date of issue of permit 12/30/27 Permit NO. 1344

Dec 28. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop,
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.

City or Town Winthrop No. 79 Atlantic St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bridget Kelly
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 79 Atlantic St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 20 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Patrick

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	75			

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) Name of employer

8 BIRTHPLACE (City) Wexford
(State or country) Ireland

PARENTS

9 NAME OF FATHER Cannot be learned

10 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

13 Informant Aiden J. OMaley
(Address) 79 Atlantic

14 Filed Jan 1 28
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 27 to Dec, 19 27
that I last saw h.. alive on Dec 29, 19 27
and that death occurred, on the date stated above, at 10 P.M.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) C F Mahoney, M. D.

(Address) 86 Winthrop St

Date Dec 30, 1927

18 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Cross Malden (Cemetery) (City or town) — DATE OF BURIAL: 1/2/28

19 UNDERTAKER: John F. OMaley — ADDRESS: Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. D. Childress 1.3.28. Official position Health Officer Date of issue of permit 1/3/28 Permit No. 1840.

(Dec 29.1967)

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill*; (*a*) *Salesman,* (*b*) *Grocery*; (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap.* 38, *Sec.* 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap.* 114, *Sec.* 46, *G. L., as amended.*

FORM R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrops
~~BOSTON~~
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.
City or Town Boston No. 22, Pleasant Pk. Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Georgie A. Winchester
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 22 Pleasant Pk. Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ~ years ~ months 14 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
~~Female~~ Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Fred B.

6 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	9	7	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Standish
(State or country) Maine

PARENTS

9 NAME OF FATHER ? Davis

10 BIRTHPLACE OF FATHER (City) Standish
(State or country) Maine

11 MAIDEN NAME OF MOTHER Georgia A. Davis

12 BIRTHPLACE OF MOTHER (City) Standish
(State or country) Maine

13 Informant Mrs. Rood
(Address) 490 Pleasant St, Winthrop

14 Filed Jan. 3/28
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 19 27, to Dec. 29, 19 27, that I last saw her alive on Dec. 29, 19 27, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:
Arteriosclerosis, Chronic
nephritis, Cerebral
Hemorrhage, Instant

(duration) 10 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Pneumonia, Intestinal
(duration) ___ yrs. ___ mos. 7 ds

17 Where was disease contracted if not at place of death? FOR WHAT?

Did an operation precede death? ___ Date of ___

Was there an autopsy? No

If under one year, was Infant Breast Fed?

What test confirmed diagnosis? Clinical

(Signed) C. C. Parkinson, M. D.

(Address) Arcade Bldg Win. 27

Date Dec. 30 1927
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Gorham Gorham Mass. (Cemetery) (City or town) — DATE OF BURIAL Dec. 31, '27

19 UNDERTAKER C. A. Rollins — ADDRESS E. Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Ward. Funeral Director Official position Health Officer Date of issue of permit 12/31/27 Permit No. 1342

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

Mar. 29. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk**...**a satisfactory written statement containing the facts required by law to be returned and recorded**, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

M R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. 2.00.000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1 PLACE OF DEATH
County Suffolk State Mass Registered No.
City or Town Winthrop No. 294 Bowdoin St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mira Pronk Ruttle
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 294 Bowdoin St St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 39 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of William H. Ruttle

6 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	77	11		

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer Housewife

8 BIRTHPLACE (City) Worchester
(State or country) Mass

PARENTS

9 NAME OF FATHER Edwin Pronk

10 BIRTHPLACE OF FATHER (City)
(State or country) U. S.

11 MAIDEN NAME OF MOTHER Lucy Pierce

12 BIRTHPLACE OF MOTHER (City) Barre
(State or country) Mass

13 Informant Wm H. Ruttle
(Address) 294 Bowdoin St

14 Filed Jan. 3 28
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 29 1927
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Dec 29, 1927,
that I last saw h e alive on Dec 29, 1927,
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular Heart Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Clinical Observation

(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass
Date Dec 30 1927.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(Cemetery) (City or town)
DATE OF BURIAL 12/31/27

19 UNDERTAKER
ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm D. Andrews Official position Health Officer Date of issue of permit 12/30/27 Permit No. 1349

Mira Bronx Institute

Dec. 29, 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *..Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

R-301

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No.

City or Town Boston Winthrop No. Winthrop Community Hos. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Sneider
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 271 Shirley St., Ward. Winthrop
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

If STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

9 NAME OF FATHER Max Sneider

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Ethel Seore

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Hospital Records
(Address) & Mother Mrs. Sneider

14 Filed Jan 3 27
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12 (Month) 31 (Day) 27 (Year)

16 I HEREBY CERTIFY, That I attended deceased from 12/31, 1927, to 12/31, 1927, that I last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed) Harry Asselly, M. D.

(Address) 200 Pleasant St

Date 12 (Month) 31 (Day) 27 (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem. (Cemetery) Melrose (City or town) DATE OF BURIAL Jan. 1st 1928

19 UNDERTAKER Manuel Stanetsky ADDRESS Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Snidzey
Official position Health Officer Date of issue of permit 12/31/27 Permit NO. 1346

200,000 9-25 30 2662 3

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

27-2M

dec. 31. 1927

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia,", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body...until he has received a permit from the board of health or its agent...or... from the clerk of the town where the person died;...**No such permit shall be issued until there shall have been delivered to such board, agent or clerk...a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate**...The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**